

Case Number:	CM15-0109628		
Date Assigned:	06/16/2015	Date of Injury:	06/28/2013
Decision Date:	07/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 62 year old male who sustained an industrial injury on 06/28/2013. He reported lifting a heavy can. While bending forward reaching, flexing and lifting he felt immediate pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbago, back disorder not otherwise specified. Treatment to date has included MRI and lumbar epidural steroid injections, physical therapy, home exercise program, and a right sacroiliac joint injection. Currently, the injured worker complains of lower back pain, right thigh pain, and occasional right leg weakness and numbness. He states the pain is present at all times, but increases with activities. His medications include Ibuprofen, Lisinopril, Oxycontin, and Vytorin. On examination, the lumbar spine range of motion is restricted with flexion limited to 50 degrees and extension limited to 30 degrees. Neurologically there are no abnormal findings. The MRI of 09/27/2013 shows multilevel disc degeneration with a rightward curvature of the upper lumbar spine. Treatment plans (03/27/2015) included tapering the worker's pain medications over the next couple of months, and monitoring compliance with urine drug screens. His last urine drug screen was positive for methadone and a methadone metabolite which are not in his prescribed medications. If the test results continue to show Methadone, opioids will no longer be

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Seroquel 25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress-Quetiapine (Seroquel).

Decision rationale: Seroquel 25 MG #30 is not medically necessary per the MTUS Guidelines. and the ODG. Quetiapine (Seroquel) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The MTUS do not address seroquel or atypical antidepressants for chronic pain. The MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation is not clear on why the patient requires Seroquel and the guidelines do not support atypical antipsychotics for chronic pain therefore this request is not medically necessary.