

<b>Case Number:</b>	CM15-0019728		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 is a 48 year old male, who sustained an industrial injury on 7/30/03. The injured worker has complaints of neck, right upper extremity, bilateral lower extremity pain and back pain. The documentation noted that the injured worker also feels depressed and tired. He also complains of constant abdominal fullness and bloating and feels he does not empty himself well in spite of taking lactulose, bisacodyl and enemeez suppositories. The diagnoses have included major depressive disorder and anxiety and status post C5-T2 posterior cervical fusion; C6 incomplete quadriplegia post C6-7 fracture dislocation and low back pain. Treatment to date has included psychotherapy; facet blocks; epidural steroid injection; bilateral forearm crutches and medications. The request was for Seroquel XR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel XR Tab 50 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398. Decision based on Non-MTUS Citation ODG, Mental Illness section, Atypical antipsychotics.

**Decision rationale:** The MTUS ACOEM Guidelines do not discuss Seroquel specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, there was no evidence of a diagnosis of a psychological disorder such as schizophrenia which might have warranted ongoing use of Seroquel. However, the only diagnosis found was depression. He was treated with Cymbalta and Seroquel for his depression. As Seroquel is not recommended for this diagnosis due to significant side effects, requirement of psychiatrist supervision, and minimal effectiveness on depressive symptoms and function, it will be considered not medically necessary to continue.