MAXIMUS Federal Services

Case Number:	CM15-0130910		
Date Assigned:	07/17/2015	Date of Injury:	04/23/1996
Decision Date:	09/10/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/07/2015

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 York
Certification(s)/Specialty: Internal 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 is a 48 year old female who sustained an industrial injury on 04/23/1996 resulting in pain to the lumbar spine and hip. Treatment provided to date has included: physical therapy; trigger point/epidural steroid injections (2014); lumbar medical branch blocks (2015); lumbar inter-facet steroid injection (2015); medications; and conservative therapies/care. Diagnostic testing was not available for review. Other noted dates of injury documented in the medical record include: 04/22/1996. There were no noted comorbidities. On 05/27/2015, physician progress report noted complaints of low back pain, neck pain, right shoulder pain, left hip pain and right knee pain. The low back pain was rated 8/10 in severity, and was described as constant, sharp, stabbing and shooting. The right knee pain is rated 6/10 and described as sharp and constant. Pain is relieved with rest. Additional complaints included constant migraine headaches for 2 years, and insomnia. Current medications include Baclofen, Klonopin, Ambien and Percocet. The injured worker's pain was reported to be stable on these medications. The physical exam revealed decreased range of motion in the right knee, positive straight leg raise on the left at 30°, paraspinal tenderness bilaterally, sacroiliac tenderness bilaterally and positive Patrick sign bilaterally. The provider noted diagnoses of lumbar radiculopathy, lumbar spondylosis and degenerative disc disease, migraine headaches, anxiety, osteoarthritis of the knee and hip, and sacroiliitis. Plan of care includes lumbar facet injection, random urine drug screening; renew prescriptions for current medications (Baclofen, Klonopin, Ambien and Percocet), new prescription for Seroquel, continued physical therapy, and follow-up in 4 weeks.

The injured worker's work status was not mentioned in this report. The request for authorization and IMR (independent medical review) includes Seroquel 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 100mg # 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 & Stress (Atypical antipsychotic) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress; Quetiapine (Seroquel) and atypical antipsychotics.

Decision rationale: According to the ODG, antipsychotics are FDA approved for the treatment of schizophrenia and bipolar disorders, and are not recommended as a first-line treatment as there is insufficient evidence to endorse atypical antipsychotics (e.g., quetiapine, risperidone) for other conditions covered in ODG. Antipsychotics should be far down on the list of medications that should be used for insomnia as antipsychotics should be some of the last medications used for the treatment of insomnia. Additionally, the ODG states that antipsychotics are not recommended for the treatment of dementia and behavioral problems. "Providers should use caution concerning the use of antipsychotics for patients who do not have a diagnosis of psychosis, since the drugs are associated with serious adverse effects, including extrapyramidal symptoms with first-generation antipsychotics and weight gain and lipid/glucose dysregulation with second-generation agents. Moreover, antipsychotics may be linked to increased rates of stroke and all-cause mortality in patients with dementia." In this case, there was no documented evidence of psychosis or other diagnosis for which Seroquel is recommended. The prescribing physician also failed to specify why this medication was being prescribed, or what condition it was expected to treat. Due to the insufficient evidence of a condition or diagnosis for which this medication is recommended, and the increased risk associated with this medication, it is determined that the request for Seroquel 100mg #30 is not medically necessary.