

<b>Case Number:</b>	CM15-0133251		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California  
 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 54 year old male who sustained an industrial injury on 3/24/10. Progress note dated 2/11/15 reports rehabilitation visit. He is still experiencing ongoing depression. Medications include: Lyrica, doxepin, robaxin, flomax, Cymbalta, oxybutynin, seroquel, testosterone injection every week, lotensin, colace, coreg, abilify, Valium as needed and Norco as needed. Diagnoses include: traumatic brain injury from anoxia, C6 incomplete spinal cord injury, neurogenic bowel and bladder, depression, hypertension, chronic low back pain, hypotension and spasticity. Plan of care includes: follow up on trans-cranial magnetic stimulation, continue structure support living, follow up in psychiatric consultation, consulting regarding intrathecal Baclofen pump and pain management, urology consult, Botox and change lactulose to Amitiza 24 mcg every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 25mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain chapter, mental illness and stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter and pg 19.

**Decision rationale:** Although atypical antipsychotics are not routinely recommended as 1st line therapy. Seroquel is an atypical antipsychotic, the claimant has depressions and suicidal thoughts in the past. He sees a neuropsychologist weekly. He has been on SSRI antidepressants for over a year. His depression was noted to worsen and anti-depressants were increased. Based on the information provided and complexity of the situation, the claimant was under close supervision of the physicians with need for additional medication support. The Seroquel in this case is appropriate.

**4 Testosterone injection 100mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, chronic use of opioids can lead to hypogonadism which in turn can lead to low testosterone. In this case, the claimant had a history of opioid use. Levels of testosterone are unknown. Future need cannot be determined. As a result, the request for 3 refills of testosterone is not medically necessary.