

Case Number:	CM15-0134037		
Date Assigned:	07/22/2015	Date of Injury:	06/07/2011
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 44 year-old male who sustained an industrial injury on 06/07/11. He reported low back and bilateral shoulder pain with headaches. He has received physical therapy, chiropractic care, epidural steroid injection, acupuncture, psychotherapy, and medication management. He currently complains of chronic pain and functional/vocational limitations. His major depressive disorder was previously with psychotic features, it is currently in partial remission. He was prescribed Seroquel for hallucinations. Current medications include Effexor 150mg per day, Naproxen, Tramadol, and Protonix. Follow up of 06/19/15 shows that the patient reported less severe depression and anxiety; he was sleeping well, less angry and irritable, less feelings of hopelessness and helplessness, and had no psychotic ideation. UR of 06/29/15 denied Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13 and 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Seroquel.ODG, pain chapter Atypical antipsychotics.

Decision rationale: Atypical antipsychotics are not recommended as first line treatment and there is insufficient evidence to recommend them for conditions covered in ODG. However, this patient was prescribed Seroquel, an atypical antipsychotic, for hallucinations and insomnia. He no longer endorses psychotic ideation and reports sleeping well. This medication is medically necessary, and this request is certified.