

<b>Case Number:</b>	CM15-0141584		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Indiana, 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 54 year old male, who sustained an industrial injury on 5-9-2013. He reported being struck in the back by a truck subsequently requiring abdominal surgery with a bowel resection and injury to the low back and head trauma with headaches, insomnia and anxiety. Diagnoses include depressive disorder, insomnia secondary to pain, and rule out post traumatic stress disorder. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of being unable to sleep and nightmares. Several documents included in the submitted medical records are difficult to decipher. On 6-3-15, the physical examination documented a pressured speech, dysphoric mood and affect. The plan of care included addition of Seroquel (Quetiapine) 50mg tablets, one before bed increased to three tablets before bed. The appeal requested authorization for Quetiapine 50mg #90 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine 50mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

**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 and stress section, (Seroquel) Quetiapine and Other Medical Treatment Guidelines <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a698019.html>.

**Decision rationale:** Pursuant to the Official Disability Guidelines and MedlinePlus, Quetiapine 50 mg #90 with one refill is not medically necessary. Quetiapine is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Quetiapine tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other medications to treat depression. Quetiapine tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. In this case, the injured worker's working diagnoses are depressive disorder NOS; insomnia secondary to pain; and rule out PTSD. The date of injury is May 5, 2013. The request for authorization is dated June 9, 2015. The documentation shows the injured worker is status post exploratory laparotomy with bowel resection. Subjective complaints include low back pain, headache and insomnia. Cymbalta 30 mg is taken for depression and chronic pain. The documentation does not demonstrate objective functional improvement with Cymbalta. According to a hand written June 3, 2015 progress note, the subjective symptoms and objective clinical findings are illegible. There is no detailed mental status examination. Quetiapine is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Consequently, absent clinical documentation with first-line treatment failure, guideline non-recommendations for atypical antipsychotics covered in the Official Disability Guidelines, illegible clinical documentation in the progress note dated June 3, 2015 and a contemporaneous detailed mental status examination, Quetiapine 50 mg #90 with one refill is not medically necessary.