

Case Number:	CM15-0142227		
Date Assigned:	08/03/2015	Date of Injury:	01/11/2011
Decision Date:	09/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 1-11-2011. He reported slipping and striking his hand on an object, resulting in right hand pain. The injured worker was diagnosed as having lumbar lumbosacral disc degeneration, carpal tunnel syndrome, upper arm joint pain, and forearm joint pain. Treatment to date has included medications, electrodiagnostic studies (11-27-2013), CT scan of left elbow (11-26-2012), right hand carpal tunnel release (2011). The request is for Seroquel. On 5-27-2015, he reported chronic back, wrist and elbow pain. He rated his pain as 7 out of 10. The treatment plan included: physical therapy, carpal tunnel release, lumbar epidural injection, massage therapy, Norco, Gabapentin, Relafen, Prozac, Zantac, and TENS unit. On 6-24-2015, he reported chronic back, wrist and elbow pain. He denied acute changes. He is status post carpal tunnel injection of the right wrist without noted benefit. He is attending physical therapy. He continued with utilizing TENS unit on a daily basis for the low back. He utilizes up to 6 Norco per day which is noted to give him 40% relief and increase his tolerance for walking and standing. Prescription given for: Salon pas patch, Prozac, Docusate sodium, Hydrocodone-apap, Seroquel, Zantac, and Gabapentin. The treatment plan included: continued physical therapy, massage therapy, TENS unit and supplies, and consideration for decreasing Norco down to 4 tablets per day at his next appointment. He is indicated to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate-seroquel 25mg tablets #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress (updated 03/25/15) - Online Version Atypical anti-psychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured now over 4 years ago, in 2011, with lumbar lumbosacral disc degeneration, carpal tunnel syndrome, and upper arm joint pain and forearm pain. There is still chronic back, wrist and elbow pain. He is post carpal tunnel injection in the right wrist. There is no mention of bipolar disorder, which is the PDR primary indication for this medicine. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding anti-depressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. Further, there is no mention of bipolar disorder, which is the PDR primary indication for this medicine. The request is appropriately non-certified. The request is not medically necessary.