

<b>Case Number:</b>	CM15-0144252		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 58 year old female, who sustained an industrial injury on 07-16-2002. She has reported injury to the low back pain. The diagnoses have included lumbago; lumbar myofascial sprain-strain with spinal stenosis; degenerative lumbar-lumbosacral intervertebral disc; pain in joint, lower leg; chronic pain syndrome; and status post bilateral total knee replacements. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Oxycontin, Oxycodone, Zanaflex, Xanax, and Seroquel. A progress note from the treating physician, dated 04-09-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the low back and bilateral knees; she describes her pain as constant, shooting, stabbing, and throbbing; the pain radiates to the left lower extremity; the pain is made worse by bending, increased activity, and movement; the pain gets better by taking medications and resting; other associated symptoms-problems include difficulty staying asleep due to pain, feeling blue all the time, and frustrated because of pain and muscle cramps; and she uses a cane as an assistive device. Objective findings included no acute distress; and gait with cane use. The treatment plan has included the request for Seroquel 25 mg quantity 30, 1 tablet at night as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 25 mg Qty 30, 1 tablet at night as needed: 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 - Seroquel.

**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.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Seroquel 25 mg #30, one PO at bedtime as needed is not medically necessary. Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. In this case, the injured workers working diagnoses are pain in joint, lower leg; degenerative lumbar/lumbosacral intervertebral disc; other chronic postoperative pain; and lumbago. The date of injury is July 16, 2002. Request for authorization is July 8, 2015. The earliest progress note containing a Xanax prescription is dated December 8, 2014. The prescription was written Xanax 0.5 mg Q8 hours. Additional medications include Zanaflex, Oxycodone, OxyContin and Lunesta, Lamictal and clonidine. Seroquel was first prescribed May 7, 2015 for sleep/insomnia. Lunesta was discontinued. The most recent progress note dated June 11, 2015 subjectively states the injured worker complains of low back pain that radiates to the lower extremities with left knee pain greater than 10 years. There are sleep difficulties. Objectively, there is no physical examination in the progress note. Seroquel is not indicated for insomnia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Consequently, absent guideline recommendations for Seroquel with insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines, Seroquel 25 mg #30, one PO at bedtime as needed is not medically necessary.