

<b>Case Number:</b>	CM15-0145426		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/12/1997
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<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, North Carolina  
 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:

This injured worker is a 63-year-old male who reported an industrial injury 7-12-1997. His diagnoses, and or impression, were noted to include: chronic intractable neck pain secondary to multi-level cervical degenerative disc disease; status-post cervical fusion with loosening of hardware; status-post multiple lumbar surgeries x 5; cervicgia; chronic pain syndrome; history of opiate and alcohol abuse; opioid dependence; and depression with anxiety. No current imaging studies were noted. His treatments were noted to include: trigger point injections; a functional restoration program; ice therapy; and an opioid agreement with medication management, to include Methadone, and toxicology screenings. The progress notes of 6-29-2015 reported a flare-up of neck and shoulder pain with stiffness sown to the thoracic spine, x a few weeks, due to caring for his sick mother, and causing difficulty sleeping, despite his compliance to Methadone. Objective findings were noted to include a slow ambulation; and limited cervical range-of-motion with probable taut bands to the cervical para-spinals and bilateral upper trapezius muscles. The physician's requests for treatments were noted to include the continuation of Seroquel and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase; Seroquel 200mg #120 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anxiety medications. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Atypical antipsychotics (Seroquel).

**Decision rationale:** CA MTUS does not specifically address atypical antipsychotics like Seroquel. ODG states that Seroquel is not a first-line treatment. In this case, there is not sufficient evidence to recommend an antipsychotic. There are no extenuating circumstances to support the use of this medication. The patient is already on Cymbalta, an SSNRI antidepressant. The benefits of Seroquel are small to nonexistent with abundant evidence of treatment related harm. Therefore, the request for Seroquel is not medically necessary or appropriate.

**Ativan 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The CA MTUS states that benzodiazepines such as Ativan are not recommended for long-term use because efficacy is unproven and there is a risk of dependency. In the case there is a lack of documentation of that, the claimant has a diagnosis or condition requiring the use of a tranquilizer. In addition, no rationale is given for long-term use. Therefore, the request is not medically necessary or appropriate.