MAXIMUS Federal Services

Case Number:	CM15-0145841		
Date Assigned:	08/06/2015	Date of Injury:	02/20/2009
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	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 49 year old male, who sustained an industrial injury on 02-20-2009. He has reported injury to the low back. The diagnoses have included failed back surgery with post-laminotomy syndrome; lumbar arachnoiditis; hardware pain; possible neuroma of the incision on left side lower abdominal region; and status post lumbar 360-fusion and disc replacement, on 08-26-2010. Treatment to date has included medications, diagnostics, bracing, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco, Motrin, Celebrex, BuTrans, Seroquel, Lorazepam, and Ambien. A progress note from the treating physician, dated 03-31-2015, documented a follow-up visit with the injured worker. The injured worker reported back pain; the increasing dose of BuTrans made him significantly somnolent, and he would rather be on Norco; he is no longer taking Ambien or Lorazepam; and he has been seen by a psychiatrist. Objective findings included no acute distress; he has pain to percussion over the lower lumbar spine; and straight leg raising tests are negative. The treatment plan has included the request for Quetiapine Fumarate 25mg #100; and Amrix 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate 25mg #100: Upheld

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

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, Quetiapine fumarate 25 mg #100 is not medically necessary. Seroquel (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. In this case, the injured workers working diagnoses are failed back surgery with post laminectomy syndrome; lumbar arachnoiditis; retrograde ejaculation post surgery; hardware pain; and neuroma at additional sites left side of abdomen. Date of injury is February 20, 2009. The request for authorization is July 14, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (July 14, 2015). The earliest progress note in the medical record with a Seroquel prescription is dated October 28, 2014. Subjectively, the injured worker had back pain with disc replacement surgery and a 360 fusion. The treating provider requested Butrans that was authorized. Medications include Seroquel, Ambien, Norco and lorazepam. The most recent progress note by the requesting provider is dated March 31, 2015. The request for authorization is dated July 14, 2015. The injured worker subjectively has ongoing back pain. The injured worker prefers Norco over Butrans. The documentation does not demonstrate objective functional improvement with ongoing Seroquel. There is no first-line treatment failure with other antipsychotic medications. Additionally, Seroquel (Quetiapine) is not recommended as a first-line treatment. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Seroquel and guideline non-recommendations absent first-line treatment failure, Quetiapine fumarate 25 mg #100 is not medically necessary.

Amrix 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amrix (Flexeril ER) 30 mg #30 and is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are failed back surgery with post laminectomy syndrome; lumbar arachnoiditis; retrograde ejaculation post surgery; hardware pain; and neuroma at additional sites left side of abdomen. Date of injury is February 20, 2009. The request for authorization is July 14, 2015. There is no contemporaneous clinical documentation

on or about the date of request for authorization (July 14, 2015). The earliest progress note in the medical record with a Seroquel prescription is dated October 28, 2014. Subjectively, the injured worker had back pain with disc replacement surgery and a 360 fusion. The treating provider requested Butrans that was authorized. Medications include Seroquel, Ambien, Norco and lorazepam. The most recent progress note by the requesting provider is dated March 31, 2015. The request for authorization is dated July 14, 2015. The injured worker subjectively has ongoing back pain. The injured worker prefers Norco over Butrans. The documentation does not demonstrate objective functional improvement with ongoing Seroquel. The March 31, 2015 progress note does not contain a clinical discussion, indication or rationale for Amrix. Consequently, absent clinical documentation with a clinical discussion, indication or rationale for Amrix, Amrix (Flexeril ER) 30 mg #30 and is not medically necessary.