

<b>Case Number:</b>	CM15-0147718		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 42 year old male who sustained an industrial injury dated 2-28-12. The mechanism of injury was a fall. In a progress report dated 6-12-15, the primary treating psychiatric physician notes he had persistent pain in the neck, right shoulder, elbow, left scapula, right hip and back. Anxiety, tension and irritability are reduced. Paranoia is reduced. Mood and affect are noted to be less tense and depressed mood. He denies psychotic symptoms or thoughts of harming himself or others. He has had a good response to treatment with no new symptoms or side effects. On Beck's Anxiety Inventory, he obtained a score of 32. His mood and affect were moderately depressed. Diagnoses are major depression, single episode, severe with psychotic features and panic disorder with agoraphobia. He is not working. He walks with a cane and at home he sometimes uses a walker. He uses a shower chair. Previous treatment noted includes sacroiliac joint injections, Cymbalta, Xanax, Seroquel, epidural steroid injections, Toradol injections, H-wave, home exercise, Aspen summit brace, hot-cold unit, pain management, psychiatric evaluation and treatment, and physical therapy. The treatment plan is Norco 10mg, Xanax 2mg, Seroquel 100 mg 2 tablets at bedtime for insomnia and anxiety, and Cymbalta 30 mg. The requested treatment is Seroquel 100mg, #60, with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel tab 100mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**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 100 mg tablet #60 with one refill 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 worker's working diagnoses are major Depression, single episode, severe with psychotic features; and panic disorder with agoraphobia. The date of injury is February 28, 2012. Request for authorization is dated July 2, 2015. According to a psychiatric evaluation dated January 30, 2015, Seroquel was ordered for treatment of insomnia. According to progress note treatment plan dated June 12, 2015, the clinical entry states Seroquel 100 mg tablets to QHS for insomnia and anxiety, #60 refills times one. Seroquel is not indicated for insomnia. 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. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, failed first-line insomnia treatment and guideline non- recommendations, Seroquel 100 mg tablet #60 with one refill is not medically necessary.