

<b>Case Number:</b>	CM15-0163975		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained an industrial injury on 12-14-12. A review of the medical records indicates that she is undergoing treatment for major depressive disorder, adjustment disorder with anxiety, insomnia related to depression, anxiety, and pain, pain disorder associated with both psychological factors and a general medical condition, borderline personality traits, chronic pain, obesity, hypertension, repetitive strain injury, bilateral carpal tunnel syndrome - status post release, bilateral wrist tendonitis, and trigger finger involving middle and ring finger. Medical records (3-7-15 to 7-11-15) indicate ongoing complaints of depression, anxiety, irritability, and marital problems. Her anxiety and irritability were noted to cause problems with work activities (3-7-15). The treating provider's exam noted no psychomotor retardation or abnormal involuntary movements. Treatments have included at least 12 psycho education classes and oral anti-depressant and anti-anxiety medications. A trial of increasing the dosage of Effexor XR was attempted with no noted improvement (3-7-15, 4-25-15). A titration of Seroquel was recommended on 4-25-15. However, on 6-6-15, the injured worker reported that she had not started the medication, as she was hospitalized for surgery, and with receiving narcotic medications, she did not want to begin a new medication. She reported that she had "improved sleep and depressed mood", as well as decreased anxiety and irritability. She reported that she would begin the Seroquel as ordered. On 7-11-15, the injured worker reported that she was taking the Seroquel as prescribed with the titration reaching 100mg. However, she reported that she felt "overloaded". She also reported that she had "better mood control" and there was less severity of her depression. She was noted to have "good sleep" with

episodes of "nightmares", which she indicated was due to going back to work. She continued to complain of marital problems. Recommendations to decrease the Seroquel to 75mg and engage in family counseling for marital issues were made. The utilization review (7-21-15) indicates denial of Seroquel, as it is an antipsychotic medication and not indicated for the diagnosed problem, as well as not recommended given the side effects and limited efficacy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Seroquel 75mg PO QHS (50mg #60) with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 chapter under atypical antipsychotics.

**Decision rationale:** Based on the 6/17/15 progress report provided by the treating physician, this patient presents with numbness in right long finger radially beyond the PIP joint and some numbness over the right ring finger middle phalanx. The treater has asked for Seroquel 75mg PO QHS (50MG #60) with 1 refill on 6/6/15 "to augment Effexor for depression and for insomnia." The request for authorization was not included in provided reports. The patient is s/p release of right long and right ring trigger digits, excision of flexor digitorum sublimiis ulnar slip, right long and right ring for recurrent flexor tenosynovial tenosynovitis, and excision of right ring finger flexor retinaculum cyst from 5/26/15 per 6/17/15 report. The patient's fingers are tender today per 6/5/15 report. The patient is to start postoperative physical therapy soon but has not yet begun per 6/17/15 report. The patient is taking Dilaudid and Norco but knows to wean herself off and start taking Celebrex per 6/5/15 report. The patient is also taking Trazodone and Effexor per 6/6/15 report. The patient's work status is "continue her regular self-modified duties until the day of surgery" per 5/11/15 report. ODG, mental illness chapter under atypical antipsychotics: There is insufficient evidence to recommend - olanzapine, quetiapine, risperidone, ziprasidone, aripiprazole - for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. The American Psychiatric Association-APA- has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems". The request appears to be an initiating prescription for Seroquel, as review of the reports dated 1/3/15 to 6/17/15 do not show prior use of Seroquel. Seroquel was requested in 2 reports, dated 6/6/15 and 4/25/15, "to augment Effexor for depression and for insomnia." The patient has not yet started Seroquel since she was prescribed Hydromorphone, Norco, and Valium during perioperative period per 6/6/15

report. Today is her first night she plans not to use opioids and she has recently had improved sleep, slightly decreased anxiety/irritability per 6/6/15 report. However, ODG guidelines indicate that atypical antipsychotics offer few benefits and uncertain benefit-to-risk profiles and do not recommend that Seroquel be used as a first-line treatment for behavioral problems such as insomnia. In addition, guidelines state that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults per ODG guidelines. Considering the lack of guideline support for conditions of this nature, the request for Seroquel cannot be substantiated. Therefore, this request is not medically necessary.