

<b>Case Number:</b>	CM15-0167055		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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:

The injured worker is a 52-year-old male who sustained an industrial injury on May 22, 1997 resulting in radiating upper and low back pain. Diagnoses have included status post cervical laminectomy syndrome, post lumbar laminectomy syndrome, cervical and lumbar radiculopathy, arthritis, and lumbar disc disease. Documented treatment includes use of a pain pump, and medication including Seroquel, Fentanyl, and Dilaudid, which is stated in the August 4, 2015 physician report to reduce pain on a 1-10 pain scale from a 10 to a 9, and increase his ability to perform activities of daily living. The injured worker continues to complain of chronic upper and lower back pain, which radiates down both legs. The treating physician's plan of care includes Seroquel 400 mg. Current work status permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Seroquel 400mg #34: 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 & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Seroquel.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression, bipolar disorder and schizophrenia. The patient does not have these diagnoses due to industrial incident and therefore the request is not medically necessary.