

<b>Case Number:</b>	CM15-0185707		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/09/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, California

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 57-year-old male, who sustained an industrial injury on 9-09-2006. The injured worker was diagnosed as having major depressive disorder (permanent and stationary) and polysubstance abuse (in remission). Treatment to date has included mental health sessions and medications. Currently (8-24-2015), the injured worker complains of insomnia and stated that Restoril was ineffective (Ambien was noted on 2-16-2015 and 4-20-2015). He reported sleeping 4-5 hours per night and was pleasant and cooperative during the session. Mental status exam noted him as alert with a neat appearance. Thought productivity was within normal limits and no flight of ideas or somatic preoccupations were present. His cognition was "within normal limits". Medications included Cymbalta and Seroquel. He was to restart Ambien. The use of Seroquel 100mg daily at bedtime was noted since at least 2-16-2015, at which time it was documented that his mood was improved, he denied suicidal or homicidal ideations, he reported sleeping better, and his activities of daily living were good. The current treatment plan included office visits for medication management (3 in 6 months), Seroquel 100mg #30 with 1 refill, and sleep study work up for sleep disorder. On 9-11-2015 Utilization Review non-certified the requested Seroquel and sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100mg #30 with 1 refill: 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 Illness and Stress Chapter, Quetiapine (Seroquel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 49.

**Decision rationale:** Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical anti-psychotics per the guidelines. In this case, the mental disorder was not defined. The claimant did not have any current psychosis or psychological events. Future need cannot be determined. Continued use of Seroquel with 1 refill is not substantiated and not medically necessary at this time.

**Sleep study work-up for sleep order:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnography (Sleep Studies).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 114.

**Decision rationale:** According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for a sleep study include: 1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the claimant did not meet the criteria above but in this case the claimant had a sleep disorder for several months for a majority of the week. The claimant had failed insomnia medications. The sleep study is medically necessary.