

Case Number:	CM15-0186459		
Date Assigned:	10/06/2015	Date of Injury:	07/29/1997
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 68 year old male, who sustained an industrial-work injury on 7-29-97. A review of the medical records indicates that the injured worker is undergoing treatment for closed fracture of the skull, post -concussion syndrome, depressive disorder and psychic factors associated with diseases classified elsewhere. Medical records dated (3-27-15 to 8-26-15) indicate that the injured worker continues to suffer from profound depression since discontinuation of the Seroquel. The medical record dated 5-26-15 the physician indicates that the injured worker has been paying out of pocket for the Seroquel because without it, he has severe agitation and aggressive behavior. He also indicates that he has been on many alternative medications since the injury, and Seroquel was the only one that effectively treated his irritability. The physician prescribed Abilify and discontinued the Seroquel but stressed that he felt it necessary to stress his concern that there are risks with the injured worker going without the Seroquel as it is the only medication effective for his irritability after trials of others. He also indicates that the injured worker is quite anxious about going without the Seroquel. The physician indicates that with the medication he has increased ability to function and is able to interact socially. The medical records also indicate worsening of the activities of daily living without the Seroquel. Per the treating physician report dated 8-26-15 the work status is total temporary disability. The physical exam dated (8-11-15 to 8-26-15) reveals that the injured worker cried during the exam, affect is flat, and there is marked lack of voice volume as well as paucity of speech. He makes minimal eye contact. There is marked psychomotor retardation. He stared at the floor for most of the exam. He offered one and two word answers to most of the

questions and did not speak without being addressed directly. The physician indicates that the injured worker needs the Seroquel the office has no samples to give him and without the medication, his depression severely hampers his ability to function. he is irritable, profoundly depressed and isolative. Treatment to date has included medications, Seroquel since at least 3-27-15, Prozac, Abilify, Lorazepam, and Trazodone. The requested service included Seroquel XR 150mg #30. The original Utilization review dated 9-14-15 non-certified the request for Seroquel XR 150mg #30 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 150mg #30: 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 & Stress, Online Version, 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 Illness & Stress/ Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. The injured worker suffers from closed fracture of the skull, post -concussion syndrome, depressive disorder and psychological factors associated with diseases classified elsewhere per the chart. It has been suggested that Seroquel is being used in this case to target agitation and aggressive behavior which is an off label use of this medication. The request for Seroquel XR 150mg #30 is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.