MAXIMUS Federal Services

Case Number:	CM15-0190714		
Date Assigned:	10/02/2015	Date of Injury:	06/29/2013
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old male who sustained an industrial injury on 6-29-2013. A review of the medical records indicates that the injured worker is undergoing treatment for multiple trauma, right facial trauma, psychological injury, closed head injury, post traumatic stress disorder and major depression. Medical records (7-29-2015 to 7-31-2015) indicate ongoing neck pain and upper extremity symptoms which were slowly improving. He continued to see a psychologist. He was noted to be weaning from Percocet and was using Tramadol for pain. The physical exam (7-31-2015) revealed decreased cervical range of motion. According to the progress report dated 9-8-2015, the injured worker was "back on medication, was a real struggle to get it, but is calmer on it, mood depressed." Per the treating physician (9-10-2015), the injured worker was temporarily totally disabled. Treatment has included anterior cervical discectomy and fusion (ACDF) 10-28-2014, physical therapy, psychological treatment and medications (Seroquel since at least 5-21-2015). The original Utilization Review (UR) (9-18-2015) denied a request for Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 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 Chapter - Atypical Anti-psychotics.

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, Quetiapine (seroquel).

Decision rationale: The MTUS is silent on the use of seroquel. Seroquel is an anti-psychotic medicine used for the treatment of bipolar disorder (manic depression) and schizophrenia. It is also used together with anti-depressant medications to treat major depressive disorder in adults. With regard to Seroquel, the ODG guidelines state, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical anti-psychotics (e.g. quetiapine, risperidone) for conditions covered in ODG." There is insufficient evidence to recommend atypical anti-psychotics (olanzapine, quetiapine, risperidone, ziprasidone, aripiprazole) for the treatment of PTSD. The injured worker has been diagnosed with post-traumatic stress disorder. As the guidelines do not recommend the use of this medication for post-traumatic stress disorder, the request is not medically necessary.