

Case Number:	CM15-0192695		
Date Assigned:	10/07/2015	Date of Injury:	01/11/2011
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: New Jersey

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 59 year old male, who sustained an industrial injury on 01-11-2011. He has reported injury to the right wrist, left elbow, and low back. The diagnoses have included pain in joint, upper arm; pain in joint, forearm; carpal tunnel syndrome; lumbar-lumbosacral disc degeneration; depression; insomnia; and chronic pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, lumbar epidural steroid injection, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, Gabapentin, Relafen, Seroquel, Prozac, Docusate Sodium, and Zantac. Surgical interventions have included right hand carpal tunnel release, 2011; right hand excision of mass on dorsal wrist, 2011; and left elbow reconstruction and iliac crest bone grafting, on 04-24-2014. A progress note from the treating physician, dated 08-19-2015, documented an evaluation with the injured worker. The injured worker reported chronic back, wrist, and elbow pain; he continues to have left elbow and right wrist pain; he feels like with any use of his left upper extremity, particularly with bending and extending his left elbow, he has continuous pain; the left elbow surgery did provide 50% pain decrease; he has completed almost 6 sessions of physical therapy, for a total of 23 sessions and does not feel like overall he has gotten much better; pain is worse with the use of the upper extremities and extended periods of activity; and pain is made better with rest and medication. Objective findings included he is alert and oriented; he does not exhibit acute distress; left upper arm strength with abduction is 4 out of 5; and right lower extremity ankle dorsiflexion is 4 out of 5. The treatment plan has included the request for Quetiapine Fumarate - Seroquel 25 mg #60. The original utilization review, dated 08-31-2015, non-certified the request for Quetiapine Fumarate - Seroquel 25 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate - Seroquel 25 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, Atypical antipsychotics.

Decision rationale: The MTUS ACOEM Guidelines do not discuss antipsychotics specifically, but do discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, there was record of Seroquel being prescribed to help with sleep and depression. However, the evidence available suggests that this is not warranted for sleep or depression. There was insufficient reporting of benefit from this medication to justify its continuation in the setting of potential side effects as severe as neuroleptic malignant syndrome (NMS) or tardive dyskinesia just to name two. There were insufficient reports of trials of other methods to help with sleep, which would be less potentially harmful for the worker. Therefore, this request for Seroquel is not medically necessary. Weaning may be indicated.