

Case Number:	CM15-0200303		
Date Assigned:	10/15/2015	Date of Injury:	11/16/2003
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 54 year old male, who sustained an industrial injury on 11-16-03. The injured worker was diagnosed as having major depressive disorder and psychological factors affecting medical condition. Treatment to date has included medication such as Ambien, Xanax, and Seroquel. The injured worker had been taking Seroquel since at least April 2014. On 7-1-15, the injured worker complained of depression, tearfulness, and poor sleep. On 7-1-15 the treating physician requested authorization for a psychotropic medication review and approval and Seroquel 10mg #30. On 9-15-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic medication review and approval: 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 Health and Stress Chapter.

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/ Office visits.

Decision rationale: The injured worker has been diagnosed with Major Depressive Disorder, single episode and psychological conditions affecting medical condition. He has been prescribed Xanax 1 mg three times daily, Ambien CR 12.5 mg at bedtime and Seroquel 100 mg at bedtime. It is to be noted that medications such as Ambien and Xanax are not indicated for long term use per guidelines. Also, Seroquel is an atypical antipsychotic and is not recommended for use in conditions covered by ODG. The request for Psychotropic medication review and approval is not clinically indicated based on information stated above. The request is not medically necessary.

Seroquel 10mg 1 tablet qhs #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 (ODG), Mental Health and Stress Chapter (updated 08/31/2015) Atypical Antipsychotics.

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 request for Seroquel 100mg #30 is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The use of Seroquel seems to be off label in this case for insomnia and thus is not clinically indicated.