

Case Number:	CM15-0203490		
Date Assigned:	10/20/2015	Date of Injury:	05/14/2002
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 5-14-02. The injured worker was being treated for chronic neck pain, cervical degenerative disc disease and history of bilateral carpal tunnel syndrome. On 9-9-15, the injured worker complains of chronic neck pain rated 4-5 out of 10; he has noticed increased crackling and crushing noises in his neck while doing neck exercises. Physical exam performed on 6-30-15 and on 9-9-15 revealed limited cervical range of motion in all planes and stiffness and pain of shoulder with range of motion. Treatment to date has included physical therapy, oral medications including Kadian 20mg, Cymbalta 50mg, Seroquel 50mg (since at least 5-11-15), Lunesta 3mg (since at least 5-11-15), Docusate sodium and Ibuprofen 400mg. The treatment plan included continuation of home exercise program and prescriptions for Kadian 20mg #30, Seroquel 50mg #30 (since at least 3-12-15), Cymbalta 50mg #30, Lunesta 3mg #30 (since at least 3-12-15) and Docusate sodium 250mg #30 with 5 refills of each. On 9-17-15 request for Seroquel 50mg #30 with 5 refills was modified to #60 and Lunesta 3mg #30 with 5 refills was 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:

Seroquel 50mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment/ Disability Duration Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Seroquel prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 related to prolonged computer use. He underwent bilateral carpal tunnel surgeries. He had physical therapy in November 2013 and again beginning in February 2015. When seen, he had been doing a lot of neck exercises and had increased crackling and crushing noises in his neck. He was having neck stiffness at night. Physical examination findings included decreased cervical spine range of motion and stiffness and pain with bilateral shoulder range of motion. Medications were continued including Seroquel and Lunesta which had been prescribed since at least January 2015. A continued home exercise program including a walking program was recommended. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly Seroquel (quetiapine) is an antipsychotic medicine used to treat schizophrenia, bipolar disorder, and is used together with antidepressant medications to treat major depressive disorder. In this case it is being used off-label as the claimant does not have any of these conditions. Seroquel for insomnia is prescribed at a low dose for its antihistamine effect. Low doses of the drug block both histamine receptors and alpha-1 adrenergic receptors. While it has been argued that taking Seroquel at a low dose may be helpful to treat insomnia, there are various risks associated with long-term treatment. Unless there is a co-morbid mental illness like schizophrenia, Seroquel should not be considered as a treatment for insomnia. The request is not medically necessary.

Lunesta 3mg, #180: 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) Treatment in Workers Comp 2012, www.odgtreatment.com, - Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 related to prolonged computer use. He underwent bilateral carpal tunnel surgeries. He had physical therapy in November 2013 and again beginning in February 2015. When seen, he had been doing a lot of neck exercises and had increased crackling and crushing noises in his neck. He was having neck stiffness at night. Physical examination findings included decreased cervical spine range of motion and stiffness and pain with bilateral shoulder range of motion. Medications were continued including Seroquel and Lunesta, which had been prescribed since at least January 2015. A continued home exercise program including a walking program was recommended. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.