

Case Number:	CM15-0203621		
Date Assigned:	10/20/2015	Date of Injury:	07/31/2015
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on July 31, 2015. She reported an assault. The injured worker was diagnosed as having acute type posttraumatic stress disorder and severity of current psychosocial stressors secondary to work-related stress, assault by a supervisor, etc. Treatment to date has included medication and psychiatric evaluation. On September 8, 2015, the injured worker complained of anxiety, insomnia, and feelings of despair, helplessness and hopelessness. She reported panic attack symptoms and frightening nightmares. Her symptoms were noted to be persistent since the date of injury. The treatment plan included Brintellix 10mg, Seroquel 25mg, Inderal 10mg and psychotherapy. On September 17, 2015, utilization review denied a request for Quetiapine Fumarate-Seroquel 25mg #30. A request for Brintellix 10mg #30 and Propranolol-Inderal 10mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Quetiapine Fumarate/Seroquel 25mg #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 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) Mental illness and stress section, Seroquel.

Decision rationale: Pursuant to the Official Disability Guidelines, prospective use Quetiapine fumarate/Seroquel 25 mg #30 is not medically necessary. Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics as monotherapy for conditions covered in the official disability guidelines. In this case, the injured worker's working diagnoses are posttraumatic stress disorder, acute type. Date of injury is July 31, 2015. Request for authorization is September 8, 2015. The documentation indicates the injured worker was assaulted at work. The injured worker had a psychiatric evaluation on September 8, 2015. The treating provider indicated the injured worker was suffering from PTSD, insomnia and nightmares. Prescriptions for Brintellix and Seroquel were prescribed. Seroquel was specifically prescribed to address nightmares and insomnia. Seroquel is a second line treatment and not recommended as a first line treatment. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline not recommendations as a first-line treatment, prospective use Quetiapine fumarate/Seroquel 25 mg #30 is not medically necessary.