

<b>Case Number:</b>	CM15-0204321		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/11/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 57 year old man sustained an industrial injury on 8-11-2002. Diagnoses include status post cervical laminectomy syndrome, shoulder pain, thoracic disc degeneration, elbow pain, thoracic pain, and muscle spasm. Treatment has included oral and topical medications including Lyrica, Lidoderm patch, Remeron, Seroquel for sleep, Zanaflex, and Norco, thoracic epidural steroid injection, and surgical intervention. Physician notes dated 9-16-2015 show complaints of neck pain, upper back pain, lower backache, left shoulder pain, and poor sleep. The worker rates his pain 8 out of 10 without medications and 5.5 out of 10 with medications. The physical examination shows straightened cervical spine with restricted range of motion with spasms and tenderness. Bilateral shoulders and elbows have restricted range of motion with pain and light touch sensation is decreased over the left fingers. Recommendations include Lidoderm patch, Norco, Zanaflex, Lyrica, Remeron, and Seroquel. Utilization Review denied requests for Lidoderm patch and Seroquel on 9-23-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a specific result of the currently prescribed lidoderm. As such, the currently requested Lidoderm patch 5% quantity 30 is not medically necessary.

**Seroquel 25mg quantity 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 and Stress, Quetlapine (Seroquel).

**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 Chapter, Seroquel; Chronic Pain, Sleep Medication.

**Decision rationale:** Regarding the request for Seroquel (Quetiapine) 25mg quantity 30, California MTUS guidelines do not contain criteria for the use of Seroquel. ODG states Seroquel is not recommended as a first-line treatment and there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Seroquel (Quetiapine) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. Within the information made available for review, a diagnosis of schizophrenia or bipolar disorder is not identified. Additionally, Seroquel is not a medication indicated for sleep related issues and there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Seroquel treatment. In the absence of such documentation, the currently requested Seroquel 25mg quantity 30 is not medically necessary.