

<b>Case Number:</b>	CM15-0020500		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/01/1994
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: North Carolina

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 53 year old female, who sustained an industrial injury on June 1, 1994. She has reported headaches, mood disturbances, sleep complications, bilateral hip and buttock pain and pain in the left, third metacarpophalangeal joint. The diagnoses have included fibromyalgia, non-restorative severe sleep disorder, general nociceptive tenderness, irritable bowel symptoms, xerostomia, dental injury, narcotic dependency, major depressive disorder, bilateral shoulder impingement derangement, status post right rotator cuff repair, lumbar spondylosis, status post right tibial plateau fracture with open reduction internal fixation and post traumatic arthrosis, cervical spondylosis, morbid obesity, chronic migraine syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the upper teeth and lower right leg, pain medication, conservative therapies and work restrictions. Currently, the IW complains of headaches, mood disturbances, sleep complications, bilateral hip and buttock pain and pain in the left, third metacarpophalangeal joint. The injured worker reported an industrial injury in 1994, resulting in chronic pain as previously described. She was reported to have undergone many conservative therapies without resolution of pain. She underwent right lower extremity surgical intervention and had dental implants of the upper teeth. She continued to report pain and required pain medication to maintain functional ability. It was noted she had lost three upper front teeth in an industrial accident and underwent surgical implanting to replace the teeth. On December 11, 2014, evaluation revealed continued pain. The injured worker required trigger point injection for pain control. On January 9, 2015, Utilization Review non-certified a request for Alprazolam tablets 0.5mg #15 with one refill, noting the

MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested Alprazolam tablets 0.5mg #15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Quetiapine tab 100mg, Day supply: 3, Qty: 15, Refills: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the Physician Desk Reference, the requested medication is an atypical antipsychotic used in the treatment of schizophrenia, bipolar disorder as an adjunct for major depression disorder. The patient has the diagnosis of mood disorder but not schizophrenia or bipolar disorder. Therefore, the medication would not be indicated and the request is not certified.