

<b>Case Number:</b>	CM15-0022220		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/22/1982
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 10/22/1982. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical myofascial pain syndrome, cervical facet arthropathy, cervical discogenic spine pain, failed neck surgery syndrome, headache, chronic pain, failed back surgery syndrome, and lumbar back pain. Treatment to date has included laboratory studies, medication regimen, nerve blocks/injections, epidural steroids, chiropractic care, physical therapy, use of a transcutaneous electrical nerve stimulation unit, acupuncture, home exercise program, psychotherapy, hypnosis, and biofeedback. In a progress note dated 01/20/2015 the treating provider reports of sharp, dull/aching, throbbing, stabbing, burning, stinging, cramping, and electrical/shooting pain to the neck and low back pain with associated symptoms of headaches, pins and needles, numbness, weakness, and spasm. The pain is rated a six on a good day and a 9 on a bad day. The treating physician requested Seroquel but the documentation did not indicate the reason for this requested medication. On 02/03/2015 Utilization Review modified the requested treatment Seroquel 50mg with a quantity of 30 to Seroquel 50mg with a quantity of 20 without refills, noting the Official Disability Guidelines (Mental Illness and Stress Chapter).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50 mg #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 chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness; Atypical Antipsychotics

**Decision rationale:** MTUS is silent on Seroquel, which is an atypical antipsychotic. ODG states the following: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this." "There is no documentation of what condition the Seroquel is being prescribed for and no justification of why a non-first line medication is needed. Therefore, the request for Seroquel is not medically necessary.