

Case Number:	CM15-0023346		
Date Assigned:	02/12/2015	Date of Injury:	02/27/2009
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 49 year old male who sustained a work related injury February 27, 2009. Past history included s/p L5-S1 global arthrodesis, s/p arthroscopic surgery, bucket handle tear of the medial meniscus, 2014. According to a treating physician's notation, dated January 20, 2015, the injured worker presented as a follow-up visit frustrated that his medications are not being approved by insurance. His blood pressure was high (no record documented) and he does not have a primary care physician. He was depressed, feels helpless and unable to enjoy anything. He has psychomotor agitation, frustrated, and blames self for his situation due to a positive drug test and non-compliance with previous doctor's treatment plan. Recommendations included continuing Viibryd and Seroquel and samples were supplied. Diagnosis is documented as major depressive disorder. According to utilization review dated January 21, 2015, the request for Seroquel XR 150mg #30 has been modified to Seroquel XR 150mg #15, citing (ODG) Official Disability Guidelines. The request for Medication Management (6) Visits once a month for (6) months has been modified to Medication Management (2) Visits a month over (2) months, citing (ODG) Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management 6 visits once a month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain/Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, office visits.

Decision rationale: MTUS and ACOEM does not specifically cite pharmacological management consultations, so other guidelines were utilized. ODG states, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The patient is on multiple psychotropic medications that require medical management to monitor adverse side effects and progress. However the request for six over six months would be in excess of guidelines. The previous review modified the request to one visit to allow for closer monitoring and case management. As such the request for Medication Management 6 visits once a month for 6 months is not medically necessary.

Seroquel XR 150mg #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/Quetiapine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental and Stress, Seroquel and atypical antipsychotics

Decision rationale: ODG Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See Atypical antipsychotics; & PTSD pharmacotherapy. See also Anxiety medications in chronic pain in the Chronic Pain Chapter. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013) Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. A population-based study examining medical records for nearly 200,000 adults showed that those who received a prescription for quetiapine (Seroquel), risperidone (Risperdal), or olanzapine had an almost 2-fold increased risk for hospitalization for AKI within the next 90 days vs those who did not receive these prescriptions. In addition, patients who received one of these oral atypical antipsychotics had increased risk for acute

urinary retention, hypotension, and even death. (Hwang, 2014) Seroquel XR is being prescribed for the patient's insomnia. Seroquel is not a first line therapy for insomnia and the treating physician did not detail a trial and failure of first line treatments. The treating physician has not documented the patient's sleep quality, ability to fall asleep and stay asleep. The prior reviewer recommended that the patient wean off Seroquel XR. As such, the request for Seroquel XR 150mg #30 is not medically necessary.