

Case Number:	CM15-0027250		
Date Assigned:	02/19/2015	Date of Injury:	07/30/2007
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old male sustained an industrial injury on 7/30/07. He subsequently reports continued pain in his low back, neck, bilateral knee, right shoulder, hands and wrists and psychiatric issue. The injured worker has undergone multiple surgeries. In addition to treatment of his chronic pain, the injured worker has required psychiatric services and sleep studies. On 1/16/15, Utilization Review non-certified a request for 60 Tablets of Seroquel 50 mg. The 60 Tablets of Seroquel 50 mg request was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Seroquel 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: drug information seroquel

Decision rationale: This injured worker has been treated for chronic pain and depression with prescription of psychotropic medications such as ambien and klonopin. Seroquel is an atypical anti-psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. The provider visit fails to document any discussion of rationale with regards to efficacy or targeted symptoms or a discussion of side effects to justify use. The long-term plan of treatment is also not documented. The records do not document medical necessity for seroquel.