

<b>Case Number:</b>	CM15-0031276		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/29/1997
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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  
 Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on 7/29/97. The documentation on 1/20/15 noted that the injured worker related that he seems to be doing okay since stating ability his mood has improved somewhat. Affect was fairly flat with some eye contact, paucity of speech, cadence mildly slowed. He denies suicidal ideation; marked psychomotor retardation. The diagnoses have included closed fracture of vault of skull without intracranial injury with moderate loss of consciousness. The documentation noted that the injured workers spouse noted one time when he had not had his seroquel then he was extremely irritable and confrontational. According to the utilization review performed on 1/26/15, the requested Abilify 5mg #30 with 1 refill and Seroquel XR 50mg #90, with 2 refills has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) Guidelines Stress Related Conditions, California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Even though Abilify is used as an antipsychotic medication, another indication is depression, which is documented in the records. Improvement in mood has also been documented with its use. "Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile."

**Seroquel XR 50mg #90, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** The indication for the use of seroquel would be a psychotic illness, which has not been documented. The documentation reflects mood disorder and agitation. "Medications generally have a limited role. Limit use of anti-anxiety agents to short periods of time, i.e., periods when overwhelming anxiety limits the patient's ability to work or effectively perform the activities of daily living. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral."