

<b>Case Number:</b>	CM15-0035552		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 44 year old male, who sustained an industrial injury on June 22, 2007. The injured worker reported neck, low back and bilateral knee injuries. The injured worker also was noted to have psychological complaints. The diagnoses have included depressive disorder with psychological factors affecting medical condition, bipolar disorder, cervical radiculitis syndrome, lumbosacral sciatica syndrome, right and left knee sprains, thoracic spine syndrome, lumbar spine radiculitis and status post gunshot wound of the right hand. Treatment to date has included medications, MRI of the lumbar spine and extensive psychiatric and psychological treatment. The documentation notes that the injured worker continued to have difficulties with insomnia and moderate impairment with activities of daily living, social functioning, concentration and adaptation. On January 26, 2015 Utilization Review non-certified a request for Seroquel 100 mg XR with one refill unspecified amount. Non- MTUS, ACOEM Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100 mg times 1 refill unspecified amount:** Overturned

**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 Official Disability Guidelines, Pain (Chronic), Anxiety medications in chronic pain.

**Decision rationale:** Seroquel has been prescribed as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders which sometimes produce poor sleep. There is documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, one of which the patient suffers from based on the medical record. I am reversing the previous utilization review decision. Seroquel 100 mg times 1 refill unspecified amount is medically necessary.