MAXIMUS Federal Services

Case Number:	CM15-0035898		
Date Assigned:	03/04/2015	Date of Injury:	11/28/1988
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	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: Physical Medicine & Rehabilitation

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 55-year-old female, who sustained an industrial injury on November 28, 1988. She has reported cumulative stress causing severe depression and anxiety. The diagnoses have included mood disorder, psychosocial stressors and compulsive personality traits. Treatment to date has included medication and psychiatric treatment. On October 31, 2014, the injured worker appeared extremely anxious, very nervous, very depressed, fidgety and irritable. She admitted to having morbid thoughts and feelings of helplessness and hopelessness. She admitted to having some paranoid ideations and ideas of reference. Her attention and concentration were fair. Her insight and judgment were poor. On February 4, 2015, Utilization Review non-certified Seroquel XRT 300mg #30, noting the ACOEM Guidelines. On February 25, 2015, the injured worker submitted an application for Independent Medical Review for review of Seroquel XRT 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XRT 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness chapter, Quetiapine (Seroquel).

Decision rationale: The patient presents with depression and anxiety. The request is for SEROQUEL XRT 300MG #30. The request for authorization is dated 01/27/15. She has had mood swings, anxiety and irritability in the past, but the stress at her workplace caused exacerbation and triggered her psychiatric disorder. Her depression outcome scale reveals 39/64 and the generalized anxiety disorder (GAD-7) scale reveals 12/21, increased anxiety. She has had difficulty sleeping at night, waking up with nightmares and bad dreams. Her appetite is poor. She has had spontaneous crying spells. She admits to having some morbid thoughts, feelings of helplessness and hopelessness, not overtly imminently suicidal. She denies any current suicidal ideations or plans to hurt herself. Even though medications have been effective, she continues to have severe anxiety and panic attacks, and she continues to have severe insomnia. Patient's medications include Seroquel, Seroquel XR, Trazadone, Temazepam, Lamictal, Wellbutrin and Pilocarpine. The patient is not working. ODG mental illness chapter states there is insufficient evidence to recommend--olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole--for the treatment of PTSD. ODG does not recommend them as a first-line treatment. ODG states: "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. Cinicians 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." The guideline goes on and states, "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)" Per progress report dated 10/31/14, treaters reason for the request is "at bedtime for insomnia." ODG guidelines support short-term use of this medication for people over 40, and this patient is 55 years old. It is unclear when the patient began taking this medication and if she is taking it on a short-term basis, as progress report dated 10/31/14, treater states, "She is on a very complex medication regimen which seemed to have worked for her over the years."Additionally, ODG guidelines does not recommend atypical antipsychotics as first-line treatment, and states that adding an atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." The treater does not discuss why an atypical antipsychotic would be needed if the patient were already on antidepressants. Therefore, the request IS NOT medically necessary.