

<b>Case Number:</b>	CM15-0044306		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male who sustained an industrial injury on June 6, 2011. He has reported pain in the neck and low back and has been diagnosed with cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment has included medical imaging, injections, surgery, medications, activity modification, acupuncture, and physical therapy. On examination of the neck, he had a well-healed anterior cervical surgical scar without evidence of erythema. He had tenderness to palpation of the bilateral trapezil, worse on the left than the right. There was mild tenderness to palpation over the left medial border of the scapula both at the superior and middle aspects. He did have ongoing low back pain with tenderness to palpation over the lower lumbar paraspinal muscles from the approximate levels of L3-5. Gait was antalgic with weight bearing favored on the right leg. MRI dated October 31, 2014 revealed moderate narrowing of the central canal, disc osteophyte complex right side at C7-T1 appears to impinge existing C8 root as was noted before, at C5-6 there is a stable discogenic change and unchanged joint degenerative joint disease without critical narrowing. The treatment request included Seroquel and monthly medication management x 6

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel tab 300mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (web: updated 2/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atypical antipsychotics.  
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>.

**Decision rationale:** According to ODG guidelines, atypical antipsychotics such as (Seroquel) "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. 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. Clinicians should be very careful in using these medications. (Spielman, 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. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. 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)" There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of the patient's condition. The provider should give more rationale for the use of Seroquel for the treatment of the patient depression. In addition, there is no documented efficacy for previous use of Seroquel. Therefore, the request for Seroquel tab 300mg #30 with 2 refills is not medically necessary.

**Six monthly medication management sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (web: updated 2/10/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)" There is no documentation that the patient is taking medications that make his management complex requiring management sessions. In addition, the requesting physician should provide a documentation supporting the medical necessity for these management sessions. The documentation should include the reasons, the specific goals and end point for medications management sessions. Therefore, the request for Six (6) monthly medication management sessions is not medically necessary.