

<b>Case Number:</b>	CM15-0048120		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/02/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Internal 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 48 old female, who sustained an industrial injury on 06/02/2007. The injured worker has reported lower back pain. On provider visit dated 02/15/2015, on examination, she was noted to have continued pain but tries to have a positive attitude, mood swings were still present, she was noted to have pressured and frustrated speech, and she denied any at risk thoughts. The diagnoses have included depression with pain component. Treatment to date has included ongoing medication, psychiatric evaluation, and psychological evaluation. The provider prescribed ongoing medication of Quetiapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine tab 100mg: day supply 30: quantity 30: refills 3: 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 (updated 02/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Quetiapine (Seroquel). Work Loss Data Institute - Mental illness & stress (2013)

<http://www.guideline.gov/content.aspx?id=47588> FDA Prescribing Information Seroquel (Quetiapine) <http://www.drugs.com/pro/seroquel.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Quetiapine (Seroquel). Official Disability Guidelines (ODG) indicate that Quetiapine (Seroquel) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine) for conditions covered in ODG. FDA Prescribing Information indicates that Seroquel (Quetiapine) indicated for the treatment of schizophrenia and bipolar disorder. Work Loss Data Institute guidelines for mental illness & stress (2013) indicates that atypical antipsychotics, including Quetiapine (Seroquel), are not recommended. The primary treating physician's progress report dated 2/18/15 documented depression associated with chronic pain. No diagnosis of schizophrenia or bipolar disorder was documented. ODG, FDA, and Work Loss Data Institute guidelines do not support the request for Quetiapine (Seroquel). Therefore, the request for Quetiapine is not medically necessary.