

Case Number:	CM15-0054387		
Date Assigned:	03/27/2015	Date of Injury:	09/09/1992
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial injury on 9/9/92. The original complains from the injury are not recorded in the submitted documentation. The injured worker was diagnosed as having failed back syndrome; brachial neuritis or radiculitis NOS; cervicgia; post laminectomy syndrome cervical; intervertebral cervical disc degeneration with myelopathy; degenerative cervical intervertebral disc. Treatment to date has included status post cervical fusion (1993 and 1994); home exercise program; drug screening for medical management; medications. Currently, the PR-2 notes dated 2/12/15, the injured worker complains of moderate to severe chronic pain in the neck and upper back pain radiating in the upper and lower extremities. The injured worker indicates pain is aggravated when sitting, without restorative sleep and activities. She has been forced to pay out of pocket for her medications on numerous occasions and not able to sustain this and is basically bed-ridden without the medications. The provider is requesting renewal of Seroquel 25mg, 1-2 qpm, for chronic neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg (Unspecified quantity): 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 (ODG) Mental illness and stress-Quetiapine (Seroquel).

Decision rationale: Seroquel 25mg (Unspecified quantity) is not medically necessary per the ODG. The MTUS does not address this issue. The ODG does not recommend Seroquel as first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. Additionally the request as written does not indicate a quantity. Additionally, the documentation states that the patient uses Seroquel helps her insomnia. The documentation indicates that she is also taking Ambien for this. There are no extenuating circumstances that necessitate going against guideline recommendations. Furthermore without a specific quantity this request is not medically necessary.