

Case Number:	CM15-0080149		
Date Assigned:	05/01/2015	Date of Injury:	06/28/1997
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 year old female, who sustained an industrial/work injury on 6/28/97. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar strain/sprain and lumbar postlaminectomy syndrome with radiculitis. Treatment to date has included medication, surgery laminectomy on 3/13/13). Currently, the injured worker complains of ongoing back pain and symptoms of major depression to include suicidal ideation, anhedonia, and hopelessness/helplessness. Per the primary physician's progress report (PR-2) on 3/4/15, the injured worker remains severely depressed and spends most of her day in bed. There is apprehension about prospective surgery discussed with the surgeon to regain erect posture. The requested treatments include Quetiapine Fumarate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate 100 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Atypical antipsychotics, Quetiapine (Seroquel).

Decision rationale: MTUS states regarding mental health treatments, "Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." ODG further states regarding Quetiapine, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." Medical records indicate that the patient has been on Seroquel for 15 years. The patient's other treatments include Lyrica, Cymbalta, Zanaflex, OxyContin and Norco. The medical documents lack detailed mental health notes and treatment history as prescribed by a psychiatrist and the indication for this medicine. Due to the nature of this medication, weaning would be appropriate. As such, the request for Quetiapine Fumarate 100mg #30 is not medically necessary.