

Case Number:	CM15-0088083		
Date Assigned:	05/12/2015	Date of Injury:	04/17/2002
Decision Date:	06/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 4/17/02. He reported a back injury. The injured worker was diagnosed as having chronic pain syndrome, lumbar post laminectomy syndrome, myospasm and lumbosacral disc degeneration. Treatment to date has included anterior/posterior fusion L4-5 and L5-S1 followed by hardware removal, physical therapy, acupuncture, chiropractic treatment, epidural steroidal injections, ice treatment, massage therapy, spinal cord stimulator trial, oral medications including Seroquel, Lunesta, Skelaxin, Arthrotec, Cymbalta, Voltaren, Clonidine and Imodium and TENS unit. (MRI) magnetic resonance imaging of lumbar spine was performed on 4/23/14, chest x-ray on 3/20/14 and (CT) computerized tomography scan of abdomen/pelvis on 3/20/14. Currently, the injured worker complains of low back pain unchanged since previous visit rated 8/10. The injured worker states his current compound cream does not help him, muscle relaxers are not really helping and Biofreeze really seems to help. Physical exam noted tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, left thoracic facets, right paravertebral thoracic spasm, left paravertebral thoracic spasm and antalgic gait. The treatment plan included continuation of current medications, ice and heat for pain control, addition of Seroquel 50mg, Toradol injection and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, seroquel.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested service. The physician desk reference states the medication is indicated in the treatment of schizophrenia, bipolar disorder and major depression. The patient does not have these primary diagnoses and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.