

Case Number:	CM14-0116626		
Date Assigned:	09/15/2014	Date of Injury:	07/16/2007
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old female with a 7/16/07 date of injury. At the time (7/18/14) of the Decision for Seroquel 50mg 1 x 100 tablet bottle, there is documentation of subjective (reactive anxiety, depression, and insomnia) and objective (tenderness over the epigastrium) findings, current diagnoses (chronic lumbar backache, lower extremity radiculopathy, and myofascial pain syndrome), and treatment to date (medications (including ongoing treatment with Seroquel)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Seroquel use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEROQUEL 50MG 1 X 100 TABLET BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13,16; 56-57; 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter AND Pain Chapter, Antidepressants AND Seroquel Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, the ODG identifies that Seroquel is not recommended as a first line treatment. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar backache, lower extremity radiculopathy, and myofascial pain syndrome. In addition, there is documentation of depression, ongoing treatment with Seroquel, and Seroquel not used as a first line treatment. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Seroquel use to date. Therefore, based on guidelines and a review of the evidence, the request for Seroquel 50mg 1 x 100 tablet bottle is not medically necessary.