

Case Number:	CM14-0145377		
Date Assigned:	09/12/2014	Date of Injury:	05/31/2012
Decision Date:	10/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Psychiatry 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:

Injured worker is a 35 year old male with date of injury 5/31/2012. Date of the UR decision was 9/20/2014. Mechanism of injury was described as electrical shock and burn injury while performing his duties as a carpenter. Report dated 8/23/2014 listed subjective complaints as distressing intrusive memories of accident, flashbacks, feeling anxious, nervous, jumpy, on edge, hyper vigilant, exaggerated startle response, difficulty sleeping, nightmares, persistent depression, anhedonia. Objective findings included mild depression (PHQ-9 score of 7). He was diagnosed with Post Traumatic Stress Disorder and Major Depression, single episode in partial remission. He was prescribed Quetiapine 25 mg at bedtime which was documented as being used for augmentation of depression and for sedation; Sertraline 50 mg daily which was indicated to have been causing side effects of intermittent, headaches, sexual inhibition and the plan was to commence a slow taper and to switch to another antidepressant medication. It was indicated that the injured worker had been in psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine 25mg #30 Refill: 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-Treatment Workers' Compensation- Mental Illness & Stress Procedure Summary (Updated 6/12/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental, Quetiapine (Seroquel)

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Serquel/Quetiapine 25 mg #30 with 3 refills is not medically necessary. The off label use of Seroquel for sedation is not recommended per guidelines.

Psychiatric Treatment 6 Visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation-Procedure Summary (Updated 4/9/14).

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Report dated 8/23/2014 listed subjective complaints as distressing intrusive memories of accident, flashbacks, feeling anxious, nervous, jumpy, on edge, hyper vigilant, exaggerated startle response, difficulty sleeping, nightmares, persistent depression, anhedonia. Objective findings included mild depression (PHQ-9 score of 7). He was diagnosed with Post Traumatic Stress Disorder and Major Depression, single episode in partial remission. He was prescribed Quetiapine 25 mg at bedtime which was documented as being used for augmentation of depression and for sedation; Sertraline 50 mg daily which was indicated to have been causing side effects of intermittent, headaches, sexual inhibition and the plan was to commence a slow taper and to switch to another

antidepressant medication. It was indicated that the injured worker had been in psychotherapy treatment. The request for Psychiatric treatment 6 visits is medically necessary based on the severity of symptoms that the injured worker has been experiencing. Will respectfully disagree with UR physician's decision.