

Case Number:	CM14-0181069		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2002
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation 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 52-year-old female with a 10/14/02 date of injury. At the time (10/7/14) of the Decision for Seroquel 300mg for 12 months and Restoril 15mg 2 tab hs for 12 months, there is documentation of subjective (depression) and objective (congruent, constricted, and depressed affect) findings, current diagnoses (major depressive disorder), and treatment to date (medications (including ongoing treatment with Seroquel and Restoril). Regarding 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. Regarding Restoril, there is no documentation of Restoril use for short-term (up to 4 weeks) treatment; and 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 Restoril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 300mg for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

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 and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. 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. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, ODG identifies that Seroquel is not recommended as a first line treatment. Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with antidepressant, there is documentation that Seroquel is not used as a first line treatment. However, given documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Seroquel 300mg for 12 months is not medically necessary.

Restoril 15mg 2 tab hs for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. 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. Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. However, given documentation of ongoing treatment with Restoril, there is no documentation of Restoril use for short-term (up to 4 weeks) treatment, of functional benefit or improvement as a reduction in work restrictions, of an increase in activity tolerance, and/or a reduction in the use of medications as a result of Restoril use to date. Therefore, based on guidelines and a review of the evidence, the request for Restoril 15mg 2 tab hs for 12 months is not medically necessary.

