

Case Number:	CM14-0211265		
Date Assigned:	12/24/2014	Date of Injury:	07/30/2007
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 patient is a 59-year-old male who was injured on July 30, 2007. The patient continued to experience low back pain with radiation down both legs and bilateral shoulder pain. Physical examination was notable for tenderness to palpation over the right upper cervical facets, tenderness to palpation over the right lumbar facets, paravertebral muscle spasm, mildly decreased strength of the left lower extremity, and decreased sensation over the left L4, L5, and S1 dermatomes. Diagnoses included lumbosacral neuritis, lumbosacral disc degeneration, lumbar spinal stenosis, bilateral knee degenerative joint disease, right carpal tunnel syndrome, and right shoulder pain. Treatment included medications, facet blocks, trigger point injections, surgery, and physical therapy. Request for authorization for seroquel 50 mg #60 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Seoquel 50 mg: 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), Treatment Index, 11th Edition (web), 2013, Mental Illness and Stress, Quetiapine (Seroquel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs for Insomnia, Treatment Guidelines from The Medical Letter - July 1, 2012 (Issue 119) p. 57 ; Drugs for Psychiatric Disorders, Treatment Guidelines from The Medical Letter - June 1, 2013 (Issue 130) p. 53.

Decision rationale: Seroquel is quetiapine, a second generation anti-psychotic medication. In this case the patient was prescribed Seroquel when ambien for sleep was discontinued. Ambien was not effective for the patient's difficulty sleeping. Quetiapine commonly causes somnolence, dizziness, constipation, postural hypotension, hyperglycemia and weight gain. Second-generation antipsychotics have also been prescribed for insomnia but their serious adverse effects would be difficult to justify for treatment of insomnia alone. In this case documentation supports that the patient is suffering from undifferentiated depression with anxiety, which is being treated with Cymbalta and klonopin. The Seroquel appears to be requested for treatment of insomnia. The risk of serious adverse effects do not justify seorquel for this indication. The request should not be authorized.