

Case Number:	CM14-0218348		
Date Assigned:	01/08/2015	Date of Injury:	02/07/1995
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 62 year old female, who sustained an industrial injury on 02/07/1995. She has reported subsequent back and knee pain and was diagnosed with lumbar degenerative disc disease, low back pain and degenerative spondylolisthesis. Treatment to date has included oral pain medication and an exercise program. Roxicodone was a chronic medication since at least 12/05/2013 and Seroquel has been a chronic medication since at least 10/02/2014. There was no mention of any psychiatric disorders or diagnoses. In a progress note dated 11/06/2014, the injured worker complained of bilateral low extremity pain which was unchanged since the previous visit. Sleep quality was noted as being poor. Medications were noted to be working well with no side effects reported. Objective physical examination findings were notable for an antalgic gait, restricted range of motion of the knees with tenderness to palpation over the lateral and medial joint lines of the right knee, tenderness over the talo-fibular ligament of the left ankle and a large cyst on the medial arch of the left foot. The physician noted that medications were allowing the injured worker to tolerate living independently. Authorization was requested for Roxicodone, Seroquel and Quetiapine. On 12/03/2014, Utilization Review non-certified requests for Quetiapine and Seroquel noting that there was no documentation that the injured worker had schizophrenia or bipolar disorder and that there was no documentation of functional improvement from the medication. The request for Roxicodone was modified from 15 mg quantity of 180 to 15 mg quantity of 150, noting that there was no evidence that opioids show long term benefit for chronic back pain and that the medication should be slowly withdrawn. MTUS and FDA guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate 50mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress section, Quetiapine (Seroquel)

Decision rationale: Pursuant to the Official Disability Guidelines, Quetiapine (Generic Seroquel) 50 mg #60 is not medically necessary. Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g. Quetiapine, risperidone) for conditions covered in the ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Atypical antipsychotic medications are linked to acute kidney injury in elderly patients. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; low back pain; spondylolisthesis, degenerative; and knee pain. Subjectively, the injured worker complains of bilateral lower extremity pain with poor sleep. Objectively, right left knee range of motion is restricted. Right knee flexion is limited to 100 by pain. There is tenderness to palpation over the lateral joint line and medial joint line. There is left ankle tendinitis over the talo-fibular ligament. Medications include Remeron 30mg, Flector patch 1.3%, Amitiza 24mcg, Colace 250mg, Docusate Sod 250mg, Methadone 10mg, Ibuprofen 600mg, Biofreeze Gel, Zanaflex 4mg, Ultram ER 100mg, Famotidine 20mg, Flexeril 10mg, Imipramine Hcl 50mg, Neurontin 300mg, Provigil 100mg, Verapamil 120mg, Zomig 5mg, Lactulose 10Gm/15ml, Norco 10/325mg, Seroquel 25mg, Albuterol 2.5mg/0.5ml sol (other MD), Ipratropium 0.3% spray (other MD), Omeprazole 20mg (other MD), and Norco 5/325mg (other MD). Quetiapine (Generic Seroquel) was first dispensed on November 6, 2014. Seroquel is not recommended as first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (generic Seroquel) for conditions covered in the Official Disability Guidelines. Atypical antipsychotics are linked to acute kidney injury in elderly patients. Consequently, absent compelling clinical documentation to support Quetiapine in contravention of the guideline recommendations, Quetiapine (Seroquel) 50 mg #60 is not medically necessary.

Seroquel 25mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress section, Seroquel

Decision rationale: Pursuant to the Official Disability Guidelines, Seroquel 25 mg #30 is not medically necessary. Seroquel is not recommended as a first line treatment. There is insufficient

evidence to recommend atypical antipsychotics (e.g. Quetiapine, risperidone) for conditions covered in the ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Atypical antipsychotic medications are linked to acute kidney injury in elderly patients. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; low back pain; spondylolisthesis, degenerative; and knee pain. Subjectively, the injured worker complains of bilateral lower extremity pain with poor sleep. Objectively, right left knee range of motion is restricted. Right knee flexion is limited to 100 by pain. There is tenderness to palpation over the lateral joint line and medial joint line. There is left ankle tendinitis over the talo-fibular ligament. Medications include Remeron 30mg, Flector patch 1.3%, Amitiza 24mcg, Colace 250mg, Docusate Sod 250mg, Methadone 10mg, Ibuprofen 600mg, Biofreeze Gel, Zanaflex 4mg, Ultram ER 100mg, Famotidine 20mg, Flexeril 10mg, Imipramine Hcl 50mg, Neurontin 300mg, Provigil 100mg, Verapamil 120mg, Zomig 5mg, Lactulose 10Gm/15ml, Norco 10/325mg, Seroquel 25mg, Albuterol 2.5mg/0.5ml sol (other MD), Ipratropium 0.3% spray (other MD), Omeprazole 20mg (other MD), and Norco 5/325mg (other MD). Quetiapine 50mg (Generic Seroquel) was first dispensed on November 6, 2014. Seroquel 25 mg was started January 2, 2014. Seroquel is not recommended as first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (Seroquel) for conditions covered in the Official Disability Guidelines. The documentation did not contain evidence of objective functional improvement as it applies to Seroquel's efficacy. Atypical antipsychotics are linked to acute kidney injury in elderly patients. Consequently, absent compelling clinical documentation to support Seroquel in contravention of guideline recommendations, Seroquel 25 mg #30 is not medically necessary.

Roxicodone 15mg QTY: 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Roxicodone 15 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; low back pain; spondylolisthesis, degenerative; and knee pain. Subjectively, the injured worker complains of bilateral lower extremity pain with poor sleep. Objectively, right left knee range of motion is restricted. Right knee flexion is limited to 100 by pain. There is tenderness to palpation over the lateral joint line and medial joint line. There is left ankle tendinitis over the talo-fibular ligament. Medications include Remeron 30mg, Flector patch 1.3%, Amitiza 24mcg, Colace 250mg, Docusate Sod 250mg, Methadone 10mg, Ibuprofen 600mg, Biofreeze Gel, Zanaflex 4mg, Ultram ER 100mg, Famotidine 20mg, Flexeril 10mg, Imipramine Hcl 50mg, Neurontin 300mg, Provigil 100mg, Verapamil 120mg, Zomig

5mg, Lactulose 10Gm/15ml, Norco 10/325mg, Seroquel 25mg, Albuterol 2.5mg/0.5ml sol (other MD), Ipratropium 0.3% spray (other MD), Omeprazole 20mg (other MD), and Norco 5/325mg (other MD). Quetiapine 50mg (Generic Seroquel) was first dispensed on November 6, 2014. Seroquel 25 mg was started January 2, 2014. The medication summary for opiates dispensed on November 6, 2014 includes Roxicodone 15 mg (started December 5, 2013 in the earliest progress note), Methadone 10 mg, Norco 10/325 mg and Ultram ER 100 mg. The documentation does not contain a clinical rationale explaining why 4 opiates are taken concurrently. Additionally, the documentation does not contain evidence of objective functional improvement as it relates to Roxicodone's efficacy. Consequently, absent clinical documentation with objective functional improvement and a clinical rationale to explain four opiates taken concurrently, Roxicodone 15 mg #180 is not medically necessary.