

Case Number:	CM15-0016657		
Date Assigned:	02/11/2015	Date of Injury:	11/14/2001
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old female, who sustained an industrial injury on November 14, 2001. The diagnoses have included complex regional pain syndrome of left leg, failed intrathecal pump and spinal cord stimulator, long term use of opioid pain medication and left knee surgery. A progress note dated December 19, 2014 provided the injured worker complains of back, hip and knee pain rated 7/10 and essentially unchanged. Physical exam reveals the injured worker ambulates with a walker and has decreased range of motion (ROM) in the left knee. A progress report dated August 19, 2014 includes diagnoses of complex regional pain syndrome in the left leg following total knee arthroplasty. A report dated October 22, 2014 recommends a psychiatry follow-up for insomnia and depression. On January 6, 2015 utilization review non-certified a request for Seroquel 50 mg. #90. No guidelines were noted for the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Seroquel, California MTUS and ACOEM do not contain criteria for this medication. ODG states that atypical antipsychotics are not recommended as a first-line treatment. They state that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. In addition, it is not certain that these drugs have a favorable benefit-to-risk profile. Within the documentation available for review, there is no indication that the patient has a diagnosis for which an atypical antipsychotic would be indicated. Additionally, there is no indication that the patient has failed treatment with firstline antipsychotics prior to starting treatment with Seroquel. Therefore, the currently requested Seroquel is not medically necessary.