

Case Number:	CM15-0017373		
Date Assigned:	02/05/2015	Date of Injury:	08/16/2000
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
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

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 58 year old male, who sustained an industrial injury on 08/16/2000. He has reported injuries to the bilateral knees and neck secondary to repetitive unloading of boxes and also noted an incident where a box was falling towards him and while attempting to get away from the falling box he struck his right knee on a cart and was knocked down by the box causing injuries to the lumbar spine, cervical spine, bilateral knees, bilateral shoulders, left thigh, and head. Diagnoses include major depressive disorder, generalized anxiety disorder, psychological factors affecting medical condition, cervical spine strain/sprain with herniated disc at cervical five to six, lumbar spine strain/sprain with herniated disc for lumbar two to three, right and left knee strain/sprain, left shoulder strain/sprain, right wrist and hand strain/sprain with rule out tendinitis carpal tunnel syndrome, and left strain/sprain with rule out tendinitis carpal tunnel syndrome. Treatment to date has included medication regimen, laboratory studies, traction procedure with manipulation to the right knee under anesthesia with chiropractic care, physical therapy, psychiatric therapy, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated 12/22/2014 the treating provider reports persistent symptoms of depression, anxiety, and stress related medical symptoms secondary to industrial stress injury to the psyche. The treating physician requested Seroquel for depression. On 01/07/2015 Utilization Review non-certified the requested treatment Seroquel 25mg with a quantity of 30, noting the Official Disability Guidelines, Mental Illness & Stress (updated 11/21/2014), Quetiapine (Seroquel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress (updated 11/21/14) Quetlapine (Seroquel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, Seroquel

Decision rationale: This patient presents with generalized anxiety disorder, major depressive disorder, and psychological factors affecting medical condition. The request is for SEROQUEL 25mg #30 on 12/22/14. The patient is temporary and totally disabled from work per 11/19/14 report. MTUS makes no reference to this medication. ODG guideline, mental illness and stress chapter, states regarding Seroquel as "not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." The 03/12/14 report shows that the patient has been taking this medication as early as 06/03/2004. The current medications for psychological symptoms are Ambien, Celexa, Xanax and Seroquel per 11/13/14 report and the treater states that Seroquel reduces the nervousness allowing for sleep and control of the emotions. On the same report, the patient reports that "without the Seroquel, he would remain too frustrated, agitated, mistrustful and irritable with insufficient emotional control." In this case, the treater and the patient report benefits of using this medication for the patient's psychological symptoms but the ODG guideline classifies Seroquel as an atypical antipsychotic which is not recommended for conditions covered in ODG. The request IS NOT medically necessary. recommended for conditions covered in ODG. The request IS NOT medically necessary.