

Case Number:	CM15-0017680		
Date Assigned:	02/05/2015	Date of Injury:	09/29/2009
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
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, 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 59 year old female, who sustained an industrial injury on September 29, 2009. She has reported an injury. The mechanism and type of injury is not indicated within the records provided for this review. The diagnoses have included recurrent and severe major depressive disorder, and pain disorder. Treatment to date has included medications, and psychotherapy. Currently, the IW complains of pain, increased frequency of falling, and continued mood disorder. She is reported to be seen casually dressed, hair is messy, poor dentition, and with an anxious mood. On January 14, 2015, Utilization Review non-certified Seroquel XR 400 mg tablets, quantity #30, with 2 refills, based on ODG guidelines. On January 29, 2015, the injured worker submitted an application for IMR for review of Seroquel XR 400 mg tablets, quantity #30, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR TAB 400 mg Day supply: 30 Qty: 30 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter. Decision based on Non-MTUS Citation ODG Mental Illness & stress

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

Decision rationale: Pursuant to the Official Disability Guidelines, Seroquel XR tablets 400 mg #30 (30 day supply) with two refills is not medically necessary. Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (Seroquel, risperidone) for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnosis is major depressive disorder, recurrent, severe. The injured worker is under the care of a psychiatrist. The injured worker was seen on June 14 at which point Seroquel, Cymbalta and Alprazolam were prescribed. The psychiatrist indicated the injured worker will require psychiatric medical management with six psychiatric sessions per year for approximately 3 years based on the underlying condition. The psychiatrist is the party responsible for Seroquel XR. The Official Disability Guidelines are very specific. It states there is insufficient evidence to recommend atypical antipsychotics (Seroquel) for conditions covered in the Official Disability Guidelines. Consequently, absent clinical recommendations for Seroquel, Seroquel XR tablets 400 mg #30 (30 day supply) with two refills is not medically necessary.