

Case Number:	CM15-0018747		
Date Assigned:	02/06/2015	Date of Injury:	11/22/2006
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: Illinois

Certification(s)/Specialty: Psychiatry

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 male who reported an injury on 11/22/2006. The injured worker was reportedly struck by another employee. The current diagnoses include post-traumatic stress disorder and psychic factors associated with diseases. A special report on utilization review appeal was submitted on 01/16/2015. It was noted that the injured worker had been provided with a psychological evaluation and treatment. The previous request for the psychotropic medication Seroquel had been denied. It was noted that the injured worker's prescription for Seroquel was not written for complaints of insomnia. Seroquel has less neuromuscular side effects than the stronger classical antipsychotic Haldol. Given the acute overwhelming psychosis, the injured worker was placed on a high dose of the atypical antipsychotic Seroquel with fewer serious side effects. The provider requested to continue the antipsychotic medication for 1 year. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 200mg #30 with 2 refills: 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) Mental Illness & Stress, Atypical Antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Quetiapine (Seroquel)

Decision rationale: The Official Disability Guidelines do not recommend Seroquel as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. While it is noted that he injured worker was given a prescription for the atypical antipsychotic Seroquel for the diagnosis of PTSD, the guidelines do not recommend Seroquel as a first line treatment. There is no documentation of a failure of first line treatment prior to the initiation of Seroquel 200 mg. Additionally, there is no frequency listed in the above request. As such, the request is not medically appropriate.