

<b>Case Number:</b>	CM15-0114326		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 40 year old male, who sustained an industrial injury on 6/13/2013. Diagnoses include pain in joint shoulder, neck pain, unspecified major depression recurrent, pain in joint upper arm, anxiety state not otherwise specified, pain in joint forearm and pain pathogenic NEC. Treatment to date has included diagnostics and medications including Norco, Gabapentin, Naproxen and Protonix. EMG (electromyography)/NCS (nerve conduction studies) of the right upper extremity dated 2/19/2014 revealed a normal study. Magnetic resonance imaging (MRI) of the right elbow dated 3/20/2014 showed mild common extensor tendinitis, no tendon tear, no ligament, osseous, chondral or muscle injury. MRI of the right wrist dated 6/30/2014 showed degeneration at the radial aspect of the triangular fibrocartilage and no full thickness perforation, no ligament or osseous injury and mild carpal ulnaris tendinosis. Per the Primary Treating Physician's Progress Report dated 4/09/2015, the injured worker returned for follow up of chronic right shoulder and right upper extremity. He continues to report severe pain in the right elbow, which is increased with any repetitive use of the right arm. Physical examination of the right elbow revealed a healed surgical incision in the medial aspect with mild swelling. There was tenderness to palpation over the medial epicondyle. The plan of care included medications and authorization was requested for Norco (Hydrocodone/APAP) 10/325mg #75 and Protonix 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel extended release 200mg one tab daily quantity 30 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**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 and Stress/Atypical Antipsychotics.

**Decision rationale:** Seroquel is an atypical antipsychotic used to treat schizophrenia, bipolar disorder and depression. According to the medical record this worker complains of anxiety, depression, and hallucinations. The record does not include any detail regarding the hallucinations. Diagnoses include depression and anxiety but there is no diagnosis of psychosis. There is also no discussion in the record as to why Seroquel is being prescribed. According to the ODG: "There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal)." Given these concerns with the prescription of Seroquel, the lack of a diagnosis of psychosis, and the lack of any discussion as to why Seroquel is being prescribed, Seroquel is not medically necessary.