

Case Number:	CM15-0115819		
Date Assigned:	06/30/2015	Date of Injury:	06/09/2006
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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 64 year old male who sustained an industrial /work injury on 6/9/06. He reported an initial complaint of lumbar pain. The injured worker was diagnosed as having lumbar region strain, thoracic or lumbosacral neuritis or radiculopathy, thoracic or lumbar displacement, and lumbago. Treatment to date includes medication, physical therapy, chiropractic care, lumbar epidural injections (3), psychiatric evaluation/treatment and diagnostics. Currently, the injured worker complained of continued pain in his lower back, aggravated with activities. Per the internal medicine consultation on 1/8/15, exam notes normal gait, negative Romberg test, good coordination, no motor/sensory deficits. Neurological exam notes no numbness, poor coordination, difficulty speaking, poor memory, tremor or daytime sleepiness. There is no history of major depression, psychosis, hallucinations or delusions. The requested treatments include Seroquel 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg #90: 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 Chapter, Quetiapine (Seroquel); 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) Pain Chapter & Mental Illness and Stress Chapter, Atypical Anti-Psychotic Topic and Other Medical Treatment Guidelines Other: Uptodate Online, Seroquel Entry.

Decision rationale: In the case of this injured worker, there is insufficient documentation as to the efficacy and benefit of Seroquel is in the treatment regimen. This medication is primarily indicated for schizophrenia and bipolar disorder, but can also be used as adjuvant therapy for depression. The patient is documented as taking Cymbalta for depression and pain management. The psychiatry notes from January and May 2015 do not indicate the rationale for why Seroquel was utilized, or comment on its efficacy. Given this, this request is not medically necessary.