

Case Number:	CM15-0116577		
Date Assigned:	06/24/2015	Date of Injury:	04/19/2004
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
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:

This 47 year old female sustained an industrial injury to the wrist on 4/19/04. Recent treatment consisted of home exercise and medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/27/15, the injured worker complained of right wrist pain rated 5/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation at the right lateral epicondyle with forearm muscle atrophy, thenar and hypothenar muscle atrophy, diminished right grip strength, diminished sensation in the little and ring finger, positive right hand allodynia and restricted range of motion to the right wrist and fingers. Current diagnoses included chronic regional pain syndrome upper extremity and right lateral epicondylitis. The injured worker had been prescribed Norco and Seroquel since at least 12/17/14. The treatment plan included prescriptions for Norco and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #30 tablets, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment, Stress, Atypical Antipsychotics.

Decision rationale: Regarding the request for Seroquel 50mg #30 tablets, 1 refill, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, and no discussion regarding what behavioral treatments have been attempted. Furthermore, there is no indication that Seroquel is being used for short term use as recommended by guidelines. Finally, Seroquel is not indicated for the treatment of insomnia, and due to the numerous side effects associated with its long-term use, it is unclear that the benefits outweigh the risks, or the informed consent has been obtained from the patient. In the absence of such documentation, the currently requested Seroquel 50mg #30 tablets, 1 refill is not medically necessary.