

Case Number:	CM15-0118053		
Date Assigned:	06/26/2015	Date of Injury:	10/16/1999
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 10/16/1999. She reported a slip and fall while working as a housekeeper, injuring her neck, shoulders, and back. The injured worker was diagnosed as having backache, unspecified, and schizophrenia, unspecified. Treatment to date has included diagnostics, physical therapy, modified work, epidural steroid injections, lumbar spinal surgeries, mental health treatment, and medications. The Utilization Review physician reported peer to peer discussion with the requesting physician regarding the requested treatment. It was reported that the injured worker had tried multiple medications and this medication was helpful with sleeping, anxiety, agitation, confinement to bed, and psychotic like symptoms. The requesting physician stated that #30 should be prescribed for one month, and two refills. It was also documented that regular Seroquel (not XR) would be appropriate. Currently (5/27/2015), the injured worker was seen for psychiatric follow-up for anxiety and depression. She was quiet and appeared sad. Her medications included Seroquel XR and Viibryd. She reported that her Viibryd was not approved by insurance. She had no visual or auditory hallucinations. She denied thoughts of harm to self or others. She was given samples of Viibryd and recommended continued medications. She was currently "totally disabled from seeking gainful employment." Seroquel XR titration kit was documented to be started on 2/26/2015, at which time she was documented as at risk for psychiatric hospitalization and described as clinically unstable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR (extended release) 300mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 4: Work Relatedness, page 65; Official Disability Guidelines (ODG), Mental Illness & Stress Chapter: Quetiapine (Seroquel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anxiety medications in chronic pain.

Decision rationale: Seroquel has been prescribed as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders which sometimes produce poor sleep. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. the patient has been taking Seroquel for at least as far back as three months, longer than the 2-6 week period recommended by the ODG. Seroquel XR (extended release) 300mg (unspecified quantity) is not medically necessary.