

Case Number:	CM15-0122774		
Date Assigned:	07/07/2015	Date of Injury:	02/21/2012
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 63 year old male who sustained an industrial injury on 02/21/2012. He reported tripping over an object in the floor and falling down. He struck his left shoulder and injured his back. The injured worker was diagnosed as having lumbar spinal stenosis and pain in the left shoulder joint. Treatment to date has included left shoulder arthroscopy (08/2012) with some improvement, and post op physical therapy that still left him with significant loss of range of motion, chiropractic care (only one session but his symptoms exacerbated), and medications. Currently, the injured worker complains of increased pain with walking and standing as well as prolonged sitting for more than five minutes. He changes position frequently to accommodate his pain. On exam, there is complaint of pain at a 9-10/10. Spasm and guarding are noted in the lumbar spine. No edema or tenderness is palpated in any extremity. He complains of numbness (no specification where) but denies balance problems, poor concentration, memory loss, seizures, tremors or weakness. The worker states Tramadol ER reduces his pain from a 9-10/10 to a 6- 7/10. He estimates about 30-40 % reduction in the pain and denies side effects. Tramadol makes it easier for him carryout activities of daily living. Seroquel helps him sleep more restfully at night. Without it he will awaken every hour, and with Seroquel he will wake up less frequently (3-4 times). He denies itching, rash or yellowing of skin. Current medications include Naproxen, Pantoprazole, Seroquel, Tramadol ER, and Synthroid. The plan of care is for continuation of his medications and for the worker to see a surgical consult (already approved) for a second opinion as it was recommended that he have lumbar fusion. A request for authorization is made for the following: 1. Quetiapine Fumarate-Seroquel 25 MG Tabs #60 with 3 Refills; 2. Tramadol HCL ER 100 MG #90; 3. Naproxen Sodium-Anaprox 550 MG #60 with 3 Refills; and 4. Pantoprazole-Protonix 20 MG #60 with 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate-Seroquel 25 MG Tabs #60 with 3 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/Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atypical antipsychotics.
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>.

Decision rationale: According to ODG guidelines, atypical antipsychotics such as (Seroquel) "Not recommended as a first-line treatment. 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 non-existent, 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). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)" There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of patient's condition. The provider should give more rationale for the use of Seroquel for the treatment of the patient depression. A comprehensive psychiatric evaluation may be needed to evaluate the patient condition and his medication needs. There is no documented efficacy for previous use of Seroquel. Therefore, the request for Quetiapine Fumarate-Seroquel 25 MG Tabs #60 with 3 Refills is not medically necessary.