

<b>Case Number:</b>	CM15-0124593		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/24/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Texas, California  
 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 57 year old female who sustained an industrial injury on 04/24/98. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, facet blocks, and trigger point injections. Diagnostic studies are not addressed. Current complaints include pain and headaches. Current diagnoses include chronic pain and depression, failed lumbar back syndrome, fibromyalgia/myositis, pain disorder, and obesity. In a progress note dated 06/01/15 the treating provider reports the plan of care as medications including Seroquel, Soma, Lyrica, and Dilaudid. The requested treatments include Seroquel and Soma. The patient sustained the injury due to trip and fall incident. The patient's surgical history include multiple lumbar surgeries. Patient had received facet joint injection for this injury. The medication list include Seroquel, Soma, Lyrica, Ativan and Dilaudid. Per the note dated 4/30/15 the patient had complaints of low back pain and inflammation and spasm at 6-10/10. Patient was able to sleep well for 5 hours and felt less depressed with Seroquel. Physical examination revealed acute distress, depressed mood and affect, tenderness on palpation, muscle spasm, and limited range of motion of low back. Patient had received 12 CBT for this injury. The patient has had urine drug screen in March that was consistent. On 4/2/15 the patient had normal mood, affect and no acute distress. A recent detailed psychological/ psychiatric evaluation note of the psychiatrist was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50 mg #30 with 3 refills: 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 ODG -TWCODG Treatment Mental Illness & Stress (updated 03/25/15) Atypical antipsychotics Quetiapine (Seroquel).

**Decision rationale:** Request Seroquel 50 mg #30 with 3 refills. Seroquel (quetiapine) is an antipsychotic medicine. It Seroquel is used to treat schizophrenia in adults and children who are at least 13 years old. As per the cited guideline atypical anti-psychotics: There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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. (Spielmans, 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. There are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Anti-psychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013). Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. Providers should use caution concerning the use of antipsychotics for patients who do not have a diagnosis of psychosis, since the drugs are associated with serious adverse effects, including extrapyramidal symptoms with first-generation antipsychotics and weight gain and lipid/glucose dysregulation with second-generation agents. Moreover, antipsychotics may be linked to increased rates of stroke and all-cause mortality in patients with dementia. Quetiapine (Seroquel): Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. A recent detailed psychiatric evaluation note of a psychiatrist was not specified in the records provided. Treatment of underlying psychiatric conditions was not specified in the records provided. Patient had received 12 CBT for this injury. A detailed response to previous CBT was not specified in the records provided. The medical necessity of the request for Seroquel 50 mg #30 with 3 refills is not fully established for this patient.

**Soma 350 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma).

**Decision rationale:** Soma 350 mg #90. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain was not specified in the records provided. The date of injury for this patient is 4/24/1998. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Soma 350 mg #90 is not established for this patient.