

Case Number:	CM15-0127723		
Date Assigned:	07/22/2015	Date of Injury:	02/14/2012
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 41 year old female, who sustained an industrial injury on 2/14/12. Initial complaints were not reviewed. The injured worker was diagnosed as having repetitive strain injury; bilateral carpal tunnel syndrome status post release; bilateral tendonitis; trigger finger involving middle/ring fingers; single episode major depressive disorder partial remission; adjustment disorder with anxiety; insomnia related to depression; anxiety; pain disorder associated with psychological factors and general medical condition; borderlines personality traits. Treatment to date has included group psychotherapy; hypnotherapy; physical therapy; medications. Currently, the PR-2 notes dated 6/6/15 indicated the injured worker is a status post release of the A1 pulleys of the right long and ring fingers of her trigger digit with flexor tenosynovectomies and excision of right ring finger flexor cyst on 5/26/15. She reports she is recovering fine so far. She reports today is her first night she plans not to use opioids. She has not started Seroquel since she was prescribed Hydromorphone, Norco and Valium during the postoperative period. She reports previously improved sleep and depressed mood. She reports slightly decreased anxiety and irritability and is currently off work due to her surgery. She continues to report anhedonia, decreased attention/concentration, fatigue, and worthlessness. She denies suicidal ideation or side effects of Trazadone and Effexor. She admits that her chronic pain condition, mental impairment and decrease in libido have cause marital issues. She is attending group psychoeducation for anxiety. On her mental status examination the provider documents she is calm, has a normal volume and able to articulate normally with normal affect and thought process. The provider is requesting authorization of Effexor XR 150mg (75mg #60)

with one refill and Seroquel 25mg PO QHS x3 days, then 50mg QHS x 1 day, 100mg QHS (50mg #60) with 1 refill , may restart seroquel 25mg PO QHS (50mg #15) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg PO QHS x3 days, then 50mg QHS x 1 day, 100mg QHS (50mg #60) with 1 refill , may restart seroquel 25mg PO QHS (50mg #15) with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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." The injured worker has been diagnosed with Major depressive disorder, partial remission; adjustment disorder with anxiety; insomnia related to depression; anxiety; pain disorder associated with psychological factors/general medical condition and borderline personality traits. The request for Seroquel 25mg PO QHS x3 days, then 50mg QHS x 1 day, 100mg QHS (50mg #60) with 1 refill, may restart seroquel 25mg PO QHS (50mg #15) with 1 refill is excessive and not medically necessary as the use seems to be off label for insomnia and there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.