

<b>Case Number:</b>	CM15-0129166		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Florida, 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 31 year old female who sustained a work related injury March 26, 2007. According to a pain management physician's notes, dated April 29, 2015, the injured worker presented with complaints of low back pain and bilateral lower extremity pain and numbness, left greater than right. She had an S1 joint injection in 2012, but not clear on the results. She has since had a child and just completed breast feeding and would like to move on with evaluation and treatment of her lumbar symptoms. She reports significant numbness in her anterior thighs and tingling into her feet, and a feeling her left hip is out of socket when she walks for an extended period. An MRI June, 2014, demonstrated facet fluid seen L3-4 and L4-5, questionable disc bulge L5-S1, abnormal increased signal seen in the interspinous ligament L4-5 and L5-S1. Physical examination revealed the lumbar spine range of motion is decreased in all directions due to pain. Muscle strength is normal and there is diffuse lower lumbar paraspinous muscle tenderness. She is significantly tender to minimal palpation over the sacroiliac joint, left great than right. Straight leg raise is positive bilaterally at 45 degrees with pain to bilateral posterior thighs. There is a slight decreased sensation bilateral L4 and left L5. Diagnoses are disc bulge L5-S1; bilateral sacroiliitis; lumbar facet arthritis; bilateral sciatica. Recommendation was for a left S1 joint injection. According to a psychiatric follow-up, dated May 26, 2015, the injured worker presented depressed and anxious because of denials for cortisone injections, when she is having pain. Current medication included Seroquel XR and Trazodone. Mental status examination revealed flow of thoughts logical and sequential, insight and judgment fair, and attention, concentration, and memory intact. The physician assessment noted that her mood and sleep will not get any better unless her pain is relieved. At issue, is the request for authorization for Seroquel XR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel XR 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured about 8 years ago with low back and bilateral lower extremity pain and numbness, left greater than right. She had an S1 joint injection in 2012 with unknown functional improvement outcomes. She reports significant numbness in her anterior thighs and tingling into her feet, and a feeling her left hip is out of socket when she walks for an extended period an MRI from June, 2014 showed degenerative changes. According to a psychiatric follow-up from May there is depression and anxiety allegedly due to the denials for cortisone injections. Mental status examination revealed flow of thoughts logical and sequential, insight and judgment fair, and attention, concentration, and memory intact. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, that a major depressive disorder meeting DSM-IV criteria is met, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved out of past usage. The request is not medically necessary.