

Case Number:	CM15-0147206		
Date Assigned:	09/18/2015	Date of Injury:	02/21/2012
Decision Date:	10/20/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, 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 63 year old male who sustained an industrial injury February 21, 2012. Past history included right shoulder surgery 2006, left hernia repair, left shoulder arthroscopy, and hypothyroidism. According to a treating physician's certified physician's assistants progress report dated June 1, 2015, the injured worker presented for a follow-up visit with unchanged low back and lower extremity pain. He continues to have increased pain with walking and standing, as well as sitting for more than 5 minutes. He reports changing positions frequently to accommodate pain. His Tramadol has been denied in the past for pain and a physician has recommended a lumbar fusion, however the injured worker would prefer to wait for other options. He is currently pending scheduling for an authorized second surgical opinion. Tramadol has reduced his pain from 9-10 out of 10 to 6-7 out of 10; he estimates a 30-40% reduction. With medication he is able to stand for longer periods of time, bath, brush teeth, walk for longer distances and get up from a seated position with less pain. He reports Seroquel provides a more restful night's sleep, waking less than his usual 3-4 times. Other current medication included Naproxen, Pantoprazole, and Synthroid. Objective findings included; fatigued and in pain; antalgic gait; spasm and guarding noted in the lumbar spine. Diagnoses are stenosis lumbar spine; pain in joint left shoulder. At issue, is the request for authorization for Seroquel (Quetiapine Fumarate) 25mg #60. According to utilization review dated July 15, 2015, the request for Tramadol HCL ER 100mg (1) tablet three times a day for pain #60 is certified. The request for Quetiapine Fumarate 25mg 1-2 tablets at hour of sleep #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel (Quetiapine Fumarate) 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 19 pain chapter and pg 64.

Decision rationale: According to the guidelines, Quetiapine is not recommended. There is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine) for conditions covered in ODG. In this case, the claimant has been on Seroquel for several months. There is no mention of psychiatric complaints in recent visits. It was used to aid in sleep as well. It is not indicated for insomnia treatment. The request for Seroquel is not medically necessary.