MAXIMUS Federal Services

| Case Number: | CM15-0171791 | | |
|---|---|---|---|
| Date Assigned: | 09/14/2015 | Date of Injury: | 12/01/2008 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

## 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: North Carolina
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:

This is a 48 year old male with a date of injury on 12-1-2008. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode unspecified, generalized anxiety disorder and psychological factors affecting medical condition. According to the narrative report on medication management dated 7-14-2015, the injured worker was being seen for persistent symptoms of depression, anxiety and stress related complaints arising from an industrial stress injury to the psyche. Subjective complaints included depression, decreased energy, pessimism, difficulty sleeping, difficulty thinking, excessive worry, panic attacks, shaking, disturbing memories, hearing voices, suspicion, tension headaches, muscle tension and abdominal pain. Objective findings (7-14-2015) revealed the injured worker to be casual, soft-spoken, have depressed facial expressions and visible anxiety. Treatment has included psychotherapy and medications. The request for authorization dated 7-14-2015 was for Celexa, Omeprazole, Temazepam, Venlafaxine and Seroquel. The original Utilization Review (UR) (8-7-2015) denied a request for Seroquel. Utilization Review approved a request for Venlafaxine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100 mg Qty 30 with 2 refills, 1 tab every night:** Overturned

**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 & Stress - Quetiapine (Seroquel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, seroquel.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of major depression and bipolar disorder. The patient has the documented diagnosis of major depression and is symptomatic. Therefore, the request is medically necessary.