

Case Number:	CM15-0172349		
Date Assigned:	09/14/2015	Date of Injury:	05/03/1985
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
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: 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 63 year old male, who sustained an industrial-work injury on 5-3-85. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder and chronic intractable low back pain. Treatment to date has included pain medication, Fetzima since at least 2-25-15, Seroquel XR since at least 8-6-15, off of work, surgery, physical therapy, and other modalities. Medical psyche records dated (2-25-15 to 8-6-15) indicate that the injured worker complains of depression for many years, more than about 8 years because of the severe back pain and not being able to do anything. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-24-15 the employee has not returned to work and is not able to work. The psyche note dated (2-25-15 to 8-6-15) describes the depression as mild to moderate. He ambulates with a cane. He is tearful at times. He continues to have pain in the back and right leg. He sleeps poorly for about 4-6 hours a night. He does not enjoy things much, he has occasional feelings of hopelessness and helplessness, he has poor energy and concentration, he has agitation, and he sometimes wishes he does not wake up but does not have suicidal ideation. Treatment was to add Seroquel 50 mg at night day one and then 100 mg from day 2 onwards. The original Utilization review dated 8-14-15 non-certified a request for Seroquel XR 50 mg at night, sixty count as there is no documentation of trialed and failed first line treatments for insomnia per the guidelines and modified a request for Fetzima 40 mg daily for depression, thirty count modified to Fetzima 40 mg daily for depression, fifteen count as response to its use was not clearly documented and no improvement was noted from use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 50 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (e.g., 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 request for Seroquel XR 50 mg, sixty count is not medically necessary as here is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The use of Seroquel XR in this case seems to be off label for sleep which is not clinically indicated.

Fetzima 40 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Fetzima 40 mg, thirty count is not medically necessary as although he has been prescribed this medication for the last >6 months, the progress reports from February 2015 do not reflect any significant subjective or objective functional improvement and thus the continued use of this medication cannot be clinically justified. It is to be noted that the UR physician provided a partial authorization for weaning purposes.

