

Case Number:	CM15-0172548		
Date Assigned:	09/14/2015	Date of Injury:	03/17/2011
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
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:

The injured worker is a 55 year old male who sustained an industrial injury on 03-17-11. A review of the medical records indicates the injured worker is undergoing treatment for hand amputation, late effect of traumatic amputation, chronic regional pain syndrome, phantom limb, and post-traumatic stress disorder. Medical records (07-20-15) indicate the injured worker complains of right hand pain rated at 7/10 without medications and 5/10 with medications. The physical exam (07-20-15) reveals tenderness in the right hand and fingers. Treatment has included medications including Terocin, magnesium, Wellbutrin, Celexa, Lidoderm patches, Lunesta, naproxen, trazadone, LidoPro ointment, citalopram, and Lyrica, as well as stellate ganglion blocks. The original utilization review (07-29-15) non-certified Quetiapine Fumerate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumerate 50mg #28: Upheld

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

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

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 schizophrenia, major depression and bipolar disorder. The patient does not have any of these diagnoses due to industrial incident. Therefore, the request is not medically necessary.