

Case Number:	CM15-0175712		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/28/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This is a 40 year old female with a date of injury on 11-14-2001. A review of the medical records indicates that the injured worker is undergoing treatment for complex regional pain syndrome (CRPS) in the left leg. Medical records (4-21-2015 to 6-22-20-15) indicate ongoing back, knee and hip pain. Per the 6-22-2015 visit, the injured worker had been discharged from the hospital one week ago. She reported no change with her pain conditions. She rated her average pain seven out of ten with medications. She rated her worst pain ten out of ten without medications. The physical exam (4-21-2015 to 6-22-2015) revealed decreased range of motion left knee. Treatment has included spinal cord stimulator trial (failed due to complication), surgery and medications. The injured worker has been prescribed Seroquel since at least 8-17- 2012. The request for authorization dated 6-22-2015 was for multiple medications including Seroquel. The original Utilization Review (UR) (8-14-2015) non-certified a request for Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #90 with 2 refills: 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), Mental Illness Chapter, Seroquel.

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 injured worker suffers from chronic pain secondary to industrial trauma and developed symptoms of depression, insomnia secondary to the pain. The request for Seroquel 50mg #90 with 2 refills is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. Atypical antipsychotics are indicated for schizophrenia and bipolar disorder. The use of Seroquel in this case seems to be off label for sleep which is not clinically indicated.