

<b>Case Number:</b>	CM15-0177822		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old female, who sustained an industrial injury on 9-17-2009. The injured worker is being treated for cervical spinal stenosis, cervicocranial headaches, carpal tunnel syndrome, unspecified major depression single episode, muscle spasm, cervical spondylosis, epicondylitis, and unspecified major depression recurrent . Treatment to date has included medications, injections, physical therapy, acupuncture, chiropractic treatment, psychiatric treatment, cognitive behavioral therapy, bracing and TENS. Per the Primary Treating Physician's Progress Report dated 6-18-2015, the injured worker presented for a follow-up visit. She reported ongoing neck pain and stiffness with radiation to the upper extremities. Her depression and suicidal thoughts have increased over the past month but she denies a plan to hurt herself. She will occasionally use a needle to hurt her hand where she is having pain. She has been approved for 6 sessions of cognitive behavioral therapy but has not started these. She recently trialed the Seroquel and could tolerate 25mg at bedtime which helped her sleep. Objective findings included no evidence of sedation. There was tenderness to palpation over the posterior cervical muscles and thoracic paraspinal muscles. The plan of care included prescriptions for venlafaxine and quetiapine fumarate (Seroquel) and transportation to psychiatric appointments. Authorization was requested on 7-01-2015 for quetiapine fumarate and venlafaxine. On 8-19-2015, Utilization Review non-certified the request for quetiapine fumarate 25mg 360 based on lack of medical necessity per guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine Fumarate - Seroquel 25mg #60, DOS 6/18/15: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://www.nami.org/Learn-More/Treatment/Mental-Health-Medications/Quetiapine-\(Seroquel\)](https://www.nami.org/Learn-More/Treatment/Mental-Health-Medications/Quetiapine-(Seroquel))<http://www.seroquelxr.com/major-depressive-disorder.html>.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and recommend the use of Seroquel as a 2nd line drug, but the Guidelines do not provide further details regarding its use. FDA approval and mental health literature support the use of Seroquel as an add-on drug when major depression does not respond to a first line anti-depressive for 6 weeks or more. This individual meets these criteria. She has been on a first line anti-depressant for several weeks without adequate benefits and continues to have major depression. The addition of Seroquel is supported by well-established practice standards and is medically necessary.