

Case Number:	CM15-0179431		
Date Assigned:	09/21/2015	Date of Injury:	07/27/2011
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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 29 year old male, who sustained an industrial injury on 7-27-2011. He reported injuries to the neck and right upper extremity from heavy lifting activity. Diagnoses include right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double (triple) crush injury, chronic pain and associated mood disorder; status post cervical disc arthroplasty on 11-21-14. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, massage, and trigger point injections. The medical records documented 50-70% improvement in symptoms with trigger point injection for up to one month before wearing off. On 6-5-15, the provider documented a history of voluntary admission to a psychiatric ward due to depression and feeling hopeless. It was further noted Seroquel was being prescribed "for chronic pain and to reduce irritability at night and reduce nighttime benzodiazepine." Currently, he complained of recent flair up of neck pain and muscle spasm with radiation into the head and down the left arm. A previous trigger point injection previous administered were noted to provide significant relief. The provider documented on 7-1-15, "no other significant problems other than somewhat overlay of depression from having pain for so long." Pain was rated 1-7 out of 10 VAS. On 7-15-15, the physical examination documented tenderness with spasms and twitch response in right upper back-neck. There was decreased grip in the right hand compared to the left. Trigger point injections were provided on this date. The appeal requested authorization for Seroquel 25mg #30; and Trazodone HCL 50mg, one to two tablets at bedtime as needed for sleep, #60 with one refill. The Utilization Review dated 8-24-15,

modified the request to allow Seroquel 25mg #15 and Trazodone HCL 50mg #30, no refill, citing the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Mental Illness and Stress.

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 Chapter/Quetiapine (Seroquel) Section.

Decision rationale: The MTUS guidelines do not address the use of Seroquel. Per the ODG, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, Risperidone) for conditions covered in ODG. In this case, the injured worker has chronic pain with associated mood disorder. During a recent follow-up examination (7/1/15), he complained of a flare-up of cervical spine spasms that was significantly reduced with the use of a trigger point injection that day. He continued to complain of depression despite significant pain relief. The available documentation does not provide a mental status examination or a physical exam. There is no psychological evaluation available for review. Additionally, there is no documentation of the efficacy of this medication with prior use, therefore, the request for Seroquel 25 mg #30 is determined to not be medically necessary.

Trazodone HCL 50 mg take 1-2 tablets at bedtime as needed for sleep #60 refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address the use of trazodone. The ODG reports that trazodone is a sedating antidepressant and one of the most commonly prescribed agents for insomnia. Improvements in sleep onset with use of trazodone may be offset by negative next day effects such as ease of awakening. Tolerance to trazodone may develop and rebound insomnia has been found after discontinuation. In this case, there is no documentation of a problem with sleep and the prior efficacy of this medication is not documented. Additionally, there is no psychological assessment included in the available documentation to determine the necessity of the medication. The request for Trazodone HCL 50 mg take 1-2 tablets at bedtime as needed for sleep #60 refills: 1 is determined to not be medically necessary.