

Case Number:	CM15-0076558		
Date Assigned:	04/28/2015	Date of Injury:	08/19/2000
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/21/2015

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, 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:

This 44 year old woman sustained an industrial injury on 8/19/2000. The mechanism is of injury is not detailed. Diagnoses include chronic pain of the neck, thoracic, low back and lower extremities, bilateral shoulder pain, and possible fibromyalgia. Treatment has included oral medications. Physician notes dated 3/6/2015 show complaints of chronic neck and back pain rated 7/10. Recommendations include Norco, Zanaflex, Seroquel, Effexor, Nexium, urine drug screening, follow up with primary care physician as scheduled, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25 mg Qty 30 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: Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) depression.

Decision rationale: The request is for Seroquel, an atypical antipsychotic medication. MTUS does not address this medication. In this case the claimant has not been diagnosed with psychosis, however does have depression. Seroquel is not indicated or approved by the FDA for use in depression. The ODG does not recommend Seroquel as first-line treatment in any condition. Studies have shown that adding an antipsychotic to an antidepressant provides little improvement in a patient's depressive symptoms. It is also not certain at this time that there is a favorable benefit to risk profile for Seroquel. Thus this medication is deemed not medically necessary.

Nexium 4 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter (PPIs).

Decision rationale: The ODG indicates that PPIs like Nexium are prescribed to patients at risk for gastrointestinal events. The MTUS states that risk factors include age greater than 65 years, history of peptic ulcer, GI bleed or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The patient is 44 years old and progress notes do not document any of the above risk factors. Therefore, PPIs, such as Nexium, are not medically necessary.

Urinalysis Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-going management Page(s): 93-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-91.

Decision rationale: The request is for a urine drug screen. This claimant's records reveal no reports regarding type and extent of past UDS analysis and outcomes to support the requested procedure. Routine drug screens are not reasonable or medically necessary unless there is concern for aberrant drug behavior, addictive behavior, or noncompliance to treatment or previous abnormal drug screens. This patient meets none of these criteria, therefore the request is not medically necessary.