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| Case Number: | CM15-0076762 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 09/01/1998 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 9/1/1998. The mechanism of injury was not provided for review. The injured worker was diagnosed as having major recurrent depression. There is no record of a recent diagnostic study. Treatment to date was not included with the exception of medications. In a progress note dated 3/27/2015, the injured worker complains of increased depression and irritability without medications. The treating physician is requesting Quetiapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine 200mg #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 & Stress Chapter.

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 and stress section, Seroquel.

Decision rationale: Pursuant to the Official Disability Guidelines, Quetiapine (Seroquel) 200 mg #90 with two refills is not medically necessary. Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g. Quetiapine, risperidone) for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnosis is major depression recurrent. There is a single progress note in the medical record dated March 27, 2015. Subjectively, the injured worker has been fair. He has been having problems receiving his medications. He feels worse without his medications and becomes more depressed and irritable. Objectively, "his affect was consistent." There is insufficient evidence to recommend atypical antipsychotics (e.g. Quetiapine, risperidone) for conditions covered in the Official Disability Guidelines. Additional medications requested and certified include Mirtaziprine 30 mg, trazodone 150 mg, and Quetiapine (Seroquel). Seroquel is not recommended as a first-line treatment. Consequently, absent guideline recommendations as a first-line treatment according to guidelines non-recommendations, Quetiapine (Seroquel) 200 mg #90 with two refills is not medically necessary.