

Case Number:	CM15-0094320		
Date Assigned:	05/20/2015	Date of Injury:	05/04/2010
Decision Date:	06/29/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker (IW) is a 38-year-old male who sustained an industrial injury to the low back on 05/04/2010. Diagnoses include failed back surgery syndrome; major depressive disorder, single episode, severe with psychotic features and alcohol abuse, in remission. Treatment to date has included medications and psychiatric and psychological counseling; the diagnosis of depression was made when the IW was seen for psychiatric evaluation in anticipation of a spinal cord stimulator. According to the psychiatric PR2 dated 4/27/15, the IW reported the Seroquel at 200mg at bedtime did not significantly improve his sleep. His depression remained severe. On examination, the provider found the IW to be angry, anxious, depressed and in obvious physical discomfort. Beck depression inventory score was 44 and anxiety score was 39. The treatment plan included a medication consult for consideration of doubling the IW's dosage of Seroquel to 400 mg at bedtime. A request was made for Seroquel 50mg, #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50 mg #120 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 and stress, atypical antipsychotics.

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 (eg, 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." There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The injured worker has been diagnosed with major depressive disorder, single episode, severe with psychotic features. However, the dose of Seroquel being used in this case is an off label low dose of 50 mg. The request for Seroquel 50 mg #120 2 refills is excessive and not medically necessary since it is being used for off label indication in this case. A minimum dose of 200 mg is recommended for treatment of psychotic symptoms. The request is not medically necessary.