

<b>Case Number:</b>	CM15-0099927		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, 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 is a 34-year-old male, who sustained an industrial injury on 6/07/2013. He reported that a pallet of boxes fell and hit him in the back, head, and left ankle. The injured worker was diagnosed as having lumbar sprain/strain, shoulder sprain/strain, ankle sprain, cervical sprain/strain, headache, and posttraumatic stress disorder in partial remission, and major depressive disorder, single episode, partial remission. Treatment to date has included diagnostics, right shoulder surgery in 10/2013, physical therapy, chiropractic, psychotherapy, group therapy, transcutaneous electrical nerve stimulation unit, and medications. On 3/11/2015, the injured worker complains of low back pain, right shoulder pain, and left ankle pain. His depression and anxiety were noted as related to his industrial injury. His review of symptoms was positive for depression, anxiety, and past suicidal thoughts, prior to seeing a psychiatrist, and he denied Medications included Hydrocodone, Trazadone, Venlafaxine, Quetiapine, and Prazosin. His PHQ-9 Psychological Depression Inventory showed severe depression. On 4/30/2015, he reported 4 episodes of anxiety and anger the previous week related to his inability to work. He reported to rare hypnopompic hallucinations. Other than that, he reported low grade symptoms, with fluctuations in intensity, regarding irritability, avolition and anhedonia, indecisiveness, worthlessness, low energy, and anxiety. His work status of modified duty was unable to be accommodated. He denied side effects from his medications. His appearance was obese, tall, adequately groomed and dressed, and he continued to lose weight (intentional and noting 30 pounds since 8/2014). His demeanor was calm and cooperative. The treatment plan included continued medications, including Seroquel. Current GAF (Global Assessment of Functioning) was 65. The use of Seroquel was noted since at least 8/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100mg, quantity: 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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." The injured worker has been diagnosed with post traumatic stress disorder in partial remission, and major depressive disorder, single episode, partial remission. The request for Seroquel 100mg, quantity: 60 with 1 refill is excessive and not medically necessary as the use of the medication seems to be off label in this case. Usually a minimum dose of 200 mg is recommended for psychosis or depressive disorder. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.