

Case Number:	CM14-0155407		
Date Assigned:	09/25/2014	Date of Injury:	04/02/2010
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier knee meniscectomy. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for Seroquel, an antipsychotic medication, invoking non-MTUS ODG guidelines, despite the fact that the MTUS addressed the topic. The claims administrator stated that it is basing its decision on its September 8, 2014 request for authorization (RFA) and associated progress note. The applicant's attorney subsequently appealed. In a March 30, 2011 progress note, the applicant presented with persistent complaints of knee pain. The applicant was off of work, on total temporary disability. The applicant's medication list, at that point, included capsaicin, Lodine, Advil, Benadryl, Relafen, nizatidine, and Pravachol. The remainder of the file was surveyed. The September 8, 2014 request for authorization (RFA) form and associated progress note do not appear to have been incorporated into the Independent Medical Review packet. In a July 23, 2013 progress note, the applicant reported persistent complaints of knee pain. The applicant was no longer working at a janitor. The applicant stated that Seroquel, an antipsychotic, was being used for sleep and antidepressant purposes here and had proven effective in ameliorating the same. On July 25, 2013, the applicant again acknowledged that she was not working. The applicant was given refills of Seroquel, Naprosyn, Protonix, and Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate (Seroquel) 25mg p.o. for 1 tablet at bedtime, Quantity 60 Refill 0 for the management of symptoms related to Right Knee Injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel Medication Guide www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of anti-psychotics is important. It is further noted that the attending provider's documentation suggested that Seroquel is being employed for mood stabilization effect and/or depressive effect here. As noted by the Food and Drug Administration (FDA), Seroquel, an atypical anti-psychotic, can be employed for manic episodes, depressive episodes, and for bipolar disorder. In this case, it appears that introduction of Seroquel has stabilized the applicant's mood, depressive symptoms, and sleep, at least based on the 2013 progress notes on file. Continuing the same, on balance, does appear to be indicated. Therefore, the request is medically necessary.