

Case Number:	CM15-0107759		
Date Assigned:	09/17/2015	Date of Injury:	02/09/2000
Decision Date:	10/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California
 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:

The injured worker is a 48 year old male who sustained an industrial injury on 2-9-2000. Diagnoses per the 4-29-15 request for authorization are lumbar and cervical herniated disc and depression. Previous treatment noted includes an MRI of the lumbar spine 3-6-14 and medications. The records made available for review indicated treatment with Paxil, Seroquel, Amitriptyline, Celebrex, Lyrica and Flexeril in a 2-25-14 progress report. In a progress report dated 11-26-14, the primary treating physician notes diagnoses of chronic pain syndrome with cervical and lumbar herniated nucleus pulposus, and chronic depression. Physical exam is noted as essentially unchanged. In a progress report dated 4-29-15, the primary treating physician notes the injured worker has severe depression, ongoing axial skeletal pain with leg and plantar foot radiation. Physical exam reveals limited range of motion of the cervical and lumbar spine and severe depression and that he is out of medication. The utilization review determination on 5-6-15 was certification of 1 prescription of Paroxetine HCL 25mg #60 (between 4-29-15 and 6-30-15), certification of 1 prescription of Amitriptyline HCL #90 (between 4-29-15 and 6-30-15), non-certification of 1 prescription of Cyclobenzaprine HCL 10mg #30 (between 4-29-15 and 6-30-15), and non-certification of 1 prescription of Seroquel XR 150mg #30 (between 4-29-15 and 6-30-15). The requested treatment is Cyclobenzaprine HCL 10mg #30 and Seroquel XR 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with NSAIDS and topical analgesics. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Seroquel XR 150mg #30: 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, Quetiapine (Seroquel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and anti-psychotics- page 49.

Decision rationale: According to the guidelines, Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical (eg, quetiapine, risperidone) for conditions covered in ODG. In this case, the claimant does have depression, anxiety and psychosomatic complaints. Management and necessity for Seroquel was not justified by a psychiatrist and is not supported by the ODG. The medications were provided by pain management. As a result the request for Seroquel XR 150mg #30 is not medically necessary.