

<b>Case Number:</b>	CM15-0125510		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 27 year old male who sustained an industrial injury on 04/18/2013. Current diagnoses include post traumatic stress disorder (PTSD) and major depression with psychotic features. Previous treatments included medications and cognitive behavioral therapy. Report dated 05/14/2015 notes that the injured worker suffers from post traumatic stress disorder (PTSD) and major depression with psychotic features. His depression and paranoia have been stable with the use of his medications. Vibryd helps his depression and was found to be the best for him with no side effects. Seroquel is prescribed for the paranoia as well as an adjuvant and a booster for the anti-depressant effects of the Vibryd, and as an adjunct to sleeping pills. Report dated 04/09/2015 noted that the injured worker presented with complaints that included depression and anxiety, irritability, the remainder of subjective complaints were hard to decipher. Objective findings included insomnia, the remainder of the objective findings were hard to decipher. The treatment plan included prescribing Vibryd, Adderall, Ambien, and Seroquel, some of the treatment plan was hard to decipher. Disputed treatments include Vibryd and Seroquel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vibryd 40mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Vibryd.

**Decision rationale:** MTUS and ACOEM are silent on the use of Vibryd for pain. Per ODG, Vibryd is not recommended for pain but is recommended for PTSD (posttraumatic stress disorder) and MDD (major depressive disorder). Vibryd (Vilazodone) is a selective serotonin reuptake inhibitor (SSRI). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. There is documentation that the IW is being treated for PTSD and MDD however the IW has been on the medication for over 6 months and there is no documentation of functional improvement and the IW remains out of work. Therefore, the request is not medically necessary.

**Seroquel 50mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Seroquel, Atypical Anti-psychotics.

**Decision rationale:** The MTUS is silent regarding anti-psychotic medications. According to ODG, Seroquel (Quetiapine) is an atypical anti-psychotic medication. Anti-psychotic drugs are not recommended as first-line treatment to treat behavioral problems. There is insufficient evidence to recommend atypical anti-psychotics, such as, Seroquel, for conditions covered in ODG. There is insufficient evidence to recommend atypical anti-psychotics for the treatment of PTSD. There is no specific documentation indicating that this medication is indicated for the treatment of a chronic pain condition. Anti-psychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. Medical necessity for the requested medication is not established. The request for Seroquel 50mg, #30 with 5 refills is not medically necessary.