

Case Number:	CM13-0023028		
Date Assigned:	11/15/2013	Date of Injury:	02/27/2007
Decision Date:	01/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 physician 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 claimant was assaulted while at work on 2/27/07, and has diagnoses of Post-Traumatic Stress Disorder, Major Depressive Disorder, Panic Disorder without Agoraphobia, and Psychological Factors associated with a General Medical Condition. Prior review records reveal that the claimant suffers from depression. An application for an Independent Medical Review was submitted regarding the non-certification of Abilify 20mg/day and monthly visits with [REDACTED]. The most recent records per [REDACTED] were dated 10/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 20mg per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) section on Mental Illness and Stress, Abilify and Atypical Antipsychotics, and on Drug-Drug Interactions: Abilify, Hydrocodone, Oxycodone: <http://reference.medscape.com/drug-interactionchecker..>

Decision rationale: On 10/16/13, a one-month supply of Abilify 20mg/day was certified with a suggestion to taper the claimant off his medication. The most recent treating physician's report

was dated 10/7/13, per [REDACTED]. The mental status portion of her report was blank. There were no observed objective clinical findings noted that would support a mental impairment that would require any medication or treatment. The Attending Physician's Report dated 7/2/13 indicates that the claimant has complaints of fatigue despite getting plenty of sleep, and also forgets to take her medications. These symptoms could be related to the sedation effects of the narcotics (significant amounts per day) and Abilify that the claimant takes daily. The objective findings noted on 7/2/13 are inadequate to support the diagnoses or treatment requested.

The request for monthly visits with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) section on Mental Illness and Stress, Office Visits.

Decision rationale: The review of the records available does not indicate current objective clinical findings that would support a severe mental impairment that would require monthly visits to [REDACTED] as medically necessary. The most recent records per [REDACTED] were dated 10/7/13 and contained little, if any observed clinical data to support severity of illness, diagnoses given, and treatments requested. There was also an absence of any office clinical/progress notes; therefore, the request is not medically necessary.