MAXIMUS Federal Services

Case Number:	CM13-0024105		
Date Assigned:	11/20/2013	Date of Injury:	11/25/2009
Decision Date:	01/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 59 year old female who was injured while carrying a box while working at a department store. She had physical pain in her shoulder and had surgery. She subsequently developed depressive symptoms, anxiety symptoms and insomnia. She has been evaluated by a PsyD psychologist and treated by a psychotherapist. She has been treated with Cymbalta for pain, depression, anxiety and insomnia. She also has been treated with Restoril for insomnia. At question is whether she should be approved for monthly psychotropic medication management. A psychiatric evaluation has already been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: It is already agreed by all that a psychiatric evaluation is warranted. The patient is already on Cymbalta and has been treated with Restoril. The CA MTUS guidelines cited above state that Cymbalta is recommended for treatment of neuropathic pain, depression, anxiety. Given that the patient has already needed the benzodiazepine Restoril, the national standard of care is to have a psychiatrist monitor, adjust and possibly change or discontinue Cymbalta on an ongoing basis over time. Monthly psychotropic medication management by a

psychiatrist is the nationally recognized method of doing so. This involves meeting with the patient at least monthly, monitoring efficacy of the Cymbalta and/or Restoril, adjusting dose, possibly changing and/or adding other medications and ordering and monitoring laboratory tests and consulting with the rest of the interdisciplinary team. The patient would be at increased risk for long term use of restoril which is recommended against in the CA MTUS chronic pain guidelines as well as the ODG. Psychotropic medication management could be done by a non-psychiatrist, but would have to be done at least monthly by a licensed physician proficient in the use of psychotropic medications.