

Case Number:	CM13-0043270		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2011
Decision Date:	03/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 52-year-old male who reported an injury on 02/14/2011. The specific mechanism of injury was not provided in the medical records. The patient's diagnoses include major depressive disorder, insomnia due to pain, and psychological factors of affecting medical condition. The patient's symptoms include depressed mood, insomnia, physical pain, medical condition, and anxiety. His medications are noted to include Prozac 20 mg daily, Ativan 0.5 mg daily, and trazodone 100 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management and Medication Approval (1) Session per month for (6) months: Overturned

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), Mental illness & stress, Office visits.

Decision rationale: According to the Official Disability Guidelines, office visits with medical doctors play a critical role in the proper diagnoses in return to function of an injured worker and

should be encouraged. The need for clinical office visits with healthcare providers is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking as some medications require close monitoring. The patient has been shown to be taking psychotropic drugs and insomnia medications for his diagnoses of major depressive disorder and insomnia. Therefore, the request for medication management office visits once a month is supported by guidelines. As such, the request is certified.

Prozac 20mg in the morning- 35 units: Overturned

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), Mental illness & stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: According to the Official Disability Guidelines, antidepressants are recommended for the initial treatment of major depressive disorder. The patient was shown to have a diagnosis of major depressive disorder and the documentation does not indicate the patient has reported adverse side effects from this medication. Therefore, the request for Prozac 20 mg every morning is supported by evidence based guidelines. As such, the request is certified.

Ativan 0.5mg in the morning- 35 units: 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), Mental illness & stress, Insomnia treatment.

Decision rationale: According to the Official Disability Guidelines, benzodiazepines are only recommended for short term use due to the risk of tolerance, dependence, and adverse events. The clinical information submitted for review failed to provide details regarding the patient's prescription for Ativan, including the patient's duration of use, outcome on this medication, possible side effects, or other adverse events. As the guidelines do not recommend this medication for more than short term use, the request is not supported. As such, the request is non-certified.

Trazadone 100mg for bedtime- 35 units: Overturned

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), Mental illness & stress, Insomnia treatment.

Decision rationale: According to the Official Disability Guidelines, trazodone is a sedating antidepressant which has been used to treat insomnia; however, there is less evidence to support the use for insomnia, but may be an option in patients with coexisting depression. The clinical information submitted for review indicates that the patient does have insomnia and coexisting depression; therefore, the request for trazodone is supported by guidelines. As such, the request is certified.