

Case Number:	CM13-0063596		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2004
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/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 injured worker is a 31-year-old male who reported an injury on 01/07/2004 following a laceration to the right thumb, middle finger, and index finger. Current diagnosis is panic disorder. The injured worker was evaluated on 11/09/2013. The injured worker reported panic attacks, nightmares, and seizures. Physical examination was not provided. Treatment recommendations included a psychiatric evaluation and initiation of paroxetine, as well as continuation of Ativanil.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIRANIL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This is a nonspecific request that does not include the dosage, frequency, or quantity. There is also no documentation of the specific diagnosis or condition for which the requested medication is indicated. Therefore, California MTUS Guidelines cannot be applied. Based on the clinical information received, the request is non-certified.

