

Case Number:	CM13-0067839		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2009
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 Neurology, has a subspecialty in Geriatric Psychiatry and Addiction Medicine and is licensed to practice in California and 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 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 is a 48 year old male whose diagnosis is major depressive disorder, single episode mild. His date of injury is listed as 06/22/2005. The 11/01/13 PR-2, [REDACTED] shows the patient to be on Prozac 40mg QAM, Latuda 120mmg QHS for psychosis, Zyprexa 20mg QHS for psychosis, Risperdal 2mg twice a day, and Lunesta 3mg at bedtime. Medical services will be provided by [REDACTED], a board certified psychiatrist. The patient's course of treatment was reviewed. He was initially diagnosed with bilateral carpal tunnel syndrome. He was said to have become depressed and anxious with his lack of physical improvement. His pain worsened and radiated to both elbows and shoulders. He sought psychiatric treatment at [REDACTED] and he was prescribed Prozac and psychotherapy. At [REDACTED] group he was ultimately diagnosed with major depressive disorder single episode, mild. He received another course of psychotherapy. [REDACTED] noted in a prior report that the patient's sleep was described as interrupted and disturbed by pain, leaving him fatigued and lacking in energy. He further points out that the IW had reached maximal medical improvement as of 12/17/2007. The patient's symptoms included anxiety and depression manifested by being easily angered, irritable, socially withdrawn, tearful, less motivation to be active, sleep disturbance, and lower self-esteem and self-confidence. He had difficulty concentrating, remembering and focusing attention. The patient was said to be experiencing auditory and visual hallucinations, and believed that he was being followed. Medications prescribed by [REDACTED] psychiatrist, were Effexor XR 75mg, Latuda 120mg, Zyprexa 20mg nightly, Risperdal 2mg twice daily, Lunesta 3mg nightly. In this report [REDACTED] mentions that the IW has consulted with [REDACTED] on 18 occasions since January 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits

Decision rationale: MTUS/ACOEM and ODG do not specifically address consultation with psychiatrist; however they do reference office visit/evaluation and management guidelines. This patient is on a cocktail of 3 atypical antipsychotics, one SNRI antidepressant, and a sedative hypnotic agent. Close monitoring of these medications is essential in this patient for tolerability, the presence of side effects, drug: drug interactions, and any measurable, quantifiable functional improvement in symptomatology. Per MTUS/ACOEM, failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. Per ODG: Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a 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, since some medicines require close monitoring.

Ultram (Tramadol 50mg) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Section Page(s): 93-94.

Decision rationale: There are no records provided for review that indicate the need for Tramadol, or that refer to the patient having received Tramadol. The only orthopedic note contained in these records is an AME evaluation of 11/19/2009 by [REDACTED]. This request is therefore noncertified. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Tramadol is indicated for moderate to severe pain.