

Case Number:	CM13-0070324		
Date Assigned:	01/03/2014	Date of Injury:	04/08/2011
Decision Date:	04/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice 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 patient is a 47-year-old female who reported an injury on 04/08/2011. The mechanism of injury was not stated. The patient is currently diagnosed with major depressive disorder, insomnia, female hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. The patient was recently seen on 10/01/2013. The patient reported depressive symptoms and insomnia. Objective findings were not provided on that date. Treatment recommendations included monthly medication visits and continuation of Prozac and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT FOR THREE MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 405.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was

referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, the patient has been seen for depressive and anxious symptoms as well as insomnia and social withdrawal since at least 02/2012. The patient has previously participated in psychotherapy. Despite ongoing treatment with psychotherapy and psychotropic medication, the patient continues to report depression, lethargy, anxiety, and insomnia. Considering all of the abovementioned factors, medication management follow-up can be determined as medically appropriate for this patient's condition; however, the medical necessity for monthly medication management visits for the next 3 months cannot be determined as medically appropriate. The patient's condition and response to treatment would require reassessment at each visit to determine future medical treatment. Based on the clinical information received, the request is non-certified.