

Case Number:	CM14-0000520		
Date Assigned:	01/08/2014	Date of Injury:	11/27/2007
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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 Psychiatry and Neurology 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 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:

According to the records made available for review, this is a 53-year-old female with a 11/27/07 date of injury. At the time (11/1/13) of request for authorization for 6 sessions of psychotropic medication management for symptoms related to the cervical spine, lumbar spine, shoulders, knees, once a month for 6 months, there is documentation of subjective (irritation, depression, tearful episodes, and difficulty sleeping) and objective (no pertinent findings) findings, current diagnoses (major depressive disorder, insomnia due to pain, and female hypoactive sexual desire due to pain), and treatment to date (ongoing therapy with Wellbutrin for about one year).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PSYCHOTROPIC MEDICATION MANAGEMENT FOR SYMPTOMS RELATED TO THE CERVICAL SPINE, LUMBAR SPINE, SHOULDERS, KNEES, ONCE A MONTH FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Workers Compensation Drug Formulary. Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition. McGraw Hill, 2006. Physician's Desk Reference. 65th Edition. www.RxList.com. *(ODG) Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm -drugs.com *Epocrates Online,

www.online.epocrates.com- Monthly Prescribing Reference, www.empr.com- Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator – AMDD Agency Medical Directors' Group Dose Calculator, www.agency meddirectors.wa.gov.

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

Decision rationale: MTUS reference to ACOEM states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that evaluation and management (E&M) 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, insomnia due to pain, and female hypoactive sexual desire due to pain. In addition, there is documentation that the patient is receiving psychotropic medications. However, the proposed number of psychotropic medication management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of psychotropic medication management for symptoms related to the cervical spine, lumbar spine, shoulders, knees, once a month for 6 months is not medically necessary.