

Case Number:	CM14-0105980		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2004
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 62 years old male with an injury date on 10/22/2004. Based on the 04/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Major depressive disorder, SE severe 2. Insomnia 3. Male erectile disorder. According to this report, the patient is depressed and tearful. "The patient has been taking these medications for approximately 4 years. It's medically necessary to continue taking the meds for the patient's well being." The current medications are Prozac 20mg 1qam #45, Ativan 0.5mgBID #90 and Atarax 25mg 1qhs. The 05/21/2014 report indicates the patient complains of persistence pain and gastrointestinal issue. Per treater the patient "has no real change in his impairment or his disabilities." There were no other significant findings noted on this report. [REDACTED] is requesting: 1. 6 monthly psychotropic medication management and treatment sessions. 2. Ativan 0.5mg #60. The utilization review denied the request on 06/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/2014 to 08/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 monthly psychotropic medication management and treatment sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page 8.

Decision rationale: According to the 04/02/2014 report by [REDACTED] this patient presents with depression and gastrointestinal issue. The treater is requesting 6 monthly pyschotropic medication management and treatment sessions. The utilization review has modified to a 3 monthly pyschotropic medication management sessions. Regarding treatments sessions, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, a 3 monthly pyschotropic medication management sessions has been authorized via utilization review. The current request for "treatment sessions" is vague and the treater should identify what "treatment" he is requesting before the request can be considered. The request is not medically necessary.

Ativan 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines, pg 24.

Decision rationale: According to the 04/02/2014 report by [REDACTED] this patient presents with depression and gastrointestinal issue. The treater is requesting Ativan 0.5mg #60. The MTUS Guidelines page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."Review of the reports show that Ativan was first noted on the 01/08/2014 report. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The request is not medically necessary.