

Case Number:	CM14-0010838		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2008
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 injured worker is a 34 y/o male with date of injury 07/08/2008. Date of UR decision was 12/30/2013. Per PR from 9/4/2013, "The patient is slightly depressed, but he is tearful. He sleeps an average of 6 to 8 hours." Diagnosis consists of Adjustment Disorder with Mixed Anxiety and Depression; Insomnia-Type Sleep Disorder due to physical limitations; and Psychological Factors Affecting Medical condition. Medications prescribed are Ambien CR 12.5 mg one at bedtime. Per PR from 10/01/13, the subjective complaints "Patient is stable. He sleeps 6-8hr at night. Says meds help. He is somewhat depressed but doesn't want an anti-depressant" Report from 10/12/2012 lists diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic, and Insomnia-Type Sleep Disorder Due to Pain Medications that IW was on at that time (Wellbutrin XL, Ativan, and Ambien). BDI score was 16 which was consistent with a mild level of depression; Response score 24 which was consistent with a moderate level of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT 1 SESSIONS PER MONTH FOR SIX MONTHS AND MEDICATION APPROVAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: It appears from the progress report from 9/4/2013 that the only medication the IW is taking is Ambien CR 12.5 mg. The request does not specify which medications are requested. It is unclear as to why monthly visits are required. The request is not medically necessary.