

Case Number:	CM14-0011457		
Date Assigned:	02/21/2014	Date of Injury:	01/24/2003
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 45 y/o male with DOI 1/24/03 has been diagnosed with psychiatric conditions, including major depression disorder, recurrent, severe without psychotic features; and pain disorder associated with both psychological factors and a general medical condition. Per 01/14/14 note, there was mention of the patient using a cane to ambulate and that "affect is appropriate to his moderately depressed and frustrated." There was mention the patient denied homicidal or suicidal ideation, and no other physical examination findings were listed. He is refractory to Ambien for insomnia, and low dose diazepam for anxiety. He related "having a tot of difficulty with his anxiety and depression including having no energy, no motivation, isolation, and difficulties with his memory" when he returned to therapeutic dosing of Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE VISIT IN 2 MONTHS: Overturned

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) Consultations/Office Visits

Decision rationale: The Official Disability Guidelines (ODG) states that office visits: Recommended as determined to be medically necessary. 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 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 UR physician denied this request stating that since alternative antidepressant therapy was not indicated, that medical office visits were not indicated. Since Effexor is determined to be medically necessary, medication management visits will also be medically necessary.

START EFFEXOR XR 75MG, 150MG, AND 225MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Specific Antidepressants Page(s): 16.

Decision rationale: The Citation above notes that Venlafaxine (Effexor®) is FDA-approved for anxiety, depression, panic disorder and social phobias. In the records available for my review, it is clearly stated that the transition to venlafaxine was because of insufficient response to bupropion. The request is medically necessary.