

Case Number:	CM14-0015323		
Date Assigned:	02/28/2014	Date of Injury:	04/26/2010
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 04/26/2010 with the mechanism of injury unclear in the documentation provided. Within the clinical note dated 11/11/2013, it was noted that the injured worker was less depressed, denied crying, and slept 6 to 7 hours per night. It was noted that the injured worker stated that medications helped. It was noted at the time of the clinical visit that the injured worker was stable. It was documented that the injured worker had been taking the medications for more than a year and it was medically necessary to continue taking the medications for her wellbeing. The diagnoses included female hypoactive sexual desire disorder due to pain, insomnia type sleep disorder due to pain, and major depressive disorder (moderate). The treatment plan included medical services to be provided by a board certified psychiatrist. It was stated that no more than monthly medication visits would be anticipated once the medication regimen was optimized. The prescribed medications included Cymbalta 60 mg 1 every AM (#30) for depression, and Lunesta 3 mg 1 every night #30 for insomnia. The request for authorization for monthly psychotropic medication management and medication approval, 1 session per month for 6 months, for major depressive disorder (moderate) was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT AND MEDICATION APPROVAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , P.1068

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for monthly psychotropic medication management and medication approval is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. In the clinical notes provided for review, it was noted that the injured worker was stable and less depressed and sleeping 6 to 7 hours per night. The guidelines state that a special referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The clinical documentation lacked evidence of the injured worker having any significant psychopathology or serious medical comorbidities. Also, the request as submitted did not indicate the quantity of monthly psychotropic medication management and medication approval. Therefore, the request for monthly psychotropic medication management and medication approval is not medically necessary.