

Case Number:	CM14-0120733		
Date Assigned:	08/06/2014	Date of Injury:	01/04/2012
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Child and Adolescent 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 48 year old male who was injured at work on January 4, 2012. He was working when he fell through the rotting wood on a deck, landing hard on his buttocks. The injured worker was initially diagnosed with low back contusion and abrasions, but later developed persistent low back pain with left leg radiculopathy. He was placed on modified work duties, and treated with physical therapy, chiropractic care and analgesic medication. The injured worker became depressed as a result of not being able to perform the same job duties as before, and reported symptoms of sadness, crying spells, anxiety about the future, and insomnia. He was prescribed Seroquel for depression and for insomnia. More recently, he became addicted to narcotic pain killer medications, and was prescribed Buprenorphine for detoxification purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 (fourteen) week outpatient detox program: Upheld

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

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

Decision rationale: MTUS is not applicable. The ODG indicates that psychotropic medication management is an important component in the overall treatment plan for individuals suffering from symptoms of depression and anxiety. The frequency and duration of visits is determined by the severity of symptoms, whether a referral for testing was made, missed days of work, for medication adjustments, and for adverse side effects. The injured worker is diagnosed with Depression. The prescribed medication regimen requires psychiatric medication monitoring. The request is for a prospective structured schedule for psychiatric medication management appointments. Due to the extreme variability of individual responses to psychotropic medications, it is not appropriate to base follow-up appointments without objective evidence of clinical progress. The timing of subsequent appointments should then be determined by the actual objective progress, rather than on an arbitrarily designed appointment schedule. Based on the documentation provided, it would be clinically appropriate for the injured worker to begin with 3 office visits one month apart. However, the frequency of subsequent appointments needs to be determined by the response to the ongoing medication treatment, which may require additional once a month appointments, or instead may only require follow-up in 3 months or later. Due to the uncertainty of the injured worker's prospective response to the psychotropic medication, the request is therefore premature at this point, and on that basis is not medically necessary.