

Case Number:	CM14-0021262		
Date Assigned:	05/07/2014	Date of Injury:	06/17/2008
Decision Date:	07/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 claimant is a 50-year-old male with date of injury 06/17/2008. Date of UR decision was 2/6/2014. Mechanism of injury was industrial motor vehicle collision, resulting in chronic pain in neck and back. Report from 1/28/2014 states that injured worker is very depressed, hears voices but less than before. He still sees shadows and believes that he is being followed, sleeps 4-5 hours/night; states his medications help. Objective findings state that he has been taking medications for a year, namely Wellbutrin XL 300 mg every morning, Ativan 1 mg twice a day, Restoril 3 mg at bedtime, Latuda 120 mg at bedtime and Zyprexa 20 mg at bedtime. Diagnosis given to the injured worker by the Psychiatrist are Major Depressive Disorder, single episode, severe; Insomnia type sleep daytime sleepiness (ds) due to pain and Male hypoactive sexual desire disorder due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTHLY SESSIONS PSYCHOTROPIC MEDICATION MANAGEMENT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Follow-Up Visits.

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: ODG states "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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. " The PR-2 dated 1/28/2014 states that injured worker "is very depressed, hears voices but less than before. He still sees shadows and believes that he is being followed, sleeps 4-5 hours/night; states medications help. Objective findings state that he has been taking medications for a year". The psychotropic medications being prescribed are Wellbutrin XL 300 mg every morning, Ativan 1 mg twice a day, Restoril 3 mg at bedtime, Latuda 120 mg at bedtime and Zyprexa 20 mg at bedtime. The continued psychiatric symptoms and the medications that injured worker is being prescribed justifies the medical necessity for six monthly sessions of psychotropic medication management. Therefore, the request is not medically necessary.