

Case Number:	CM14-0021713		
Date Assigned:	05/05/2014	Date of Injury:	05/27/2004
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 55 year old female who reported an injury on 06/29/2004 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back and cervical spine. The injured worker's treatment history included physical therapy, activity modifications, multiple medications, epidural steroid injections, and psychological support. The injured worker's most recent clinical evaluation dated 12/10/2013 documented that the injured worker still had significant symptoms of depression and seasonal affective disorder. Objective findings included documentation that the injured worker was stable on the medication schedule that included Cymbalta 60 mg for depression, Buspar 15 mg for depression, and Ativan 0.5 mg for anxiety. The injured worker's diagnoses included major depressive disorder, psychological factors affecting medical condition, and insomnia type sleep disorder due to pain. A request was made for Ativan 0.5 mg and 6 psychotropic monitoring office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT AND APPROVAL SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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 and Stress Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines recommend regular followup visits for injured workers who are taking medications that require close monitoring. The clinical documentation submitted for review does indicate that the injured worker is on medications that require monitoring. However, Official Disability Guidelines recommend that followup visits be based on a determination of continued care at each visit. Therefore, 1 monthly psychotropic medication management and approval session would be appropriate for this injured worker. The requested 6 monthly sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 6 monthly psychotropic medication management and approval sessions is not medically necessary or appropriate.

ATIVAN 0.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for a period of greater than 6 months. The MTUS Chronic Pain Guidelines does not recommend the use of Benzodiazepines beyond a 4 week treatment period due to a high risk psychological and physiological dependence. The clinical documentation does indicate that the injured worker has been on this medication for a period of time that exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Ativan 0.5 mg #60 is not medically necessary or appropriate.