

Case Number:	CM14-0027088		
Date Assigned:	06/13/2014	Date of Injury:	07/06/2011
Decision Date:	08/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 injured worker is a 38 year old female with a date of injury of 07/6/2011. The date of the UR decision was 2/10/14. She encountered multiple orthopedic injuries as well as psychological stress which were cumulative in nature while performing her work duties. Per a progress report dated 12/30/2013, the injured worker has been diagnosed with Adjustment disorder with mixed anxiety and depressed mood, chronic; Pain disorder associated with Psychological factors and general medical condition, female hypoactive sexual desire disorder and insomnia type sleep disorder due to pain. Per a progress report dated 10/31/2013, the psychotropic medications being prescribed were Ativan 1 mg twice daily, Wellbutrin XL 300 mg daily and Ambien CR 10 mg nightly. It was suggested that the injured worker has had 7 psychotropic medication management sessions since Jan 2013 and 6 more sessions are requested to achieve the optimal goal regarding her mood, anxiety and sleep symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT X6 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

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: The 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 injured worker is being prescribed Ativan 1 mg twice daily, Wellbutrin XL 300 mg daily and Ambien CR 10 mg nightly. She has had improvement in her symptoms with the medications which have been gradually titrated to effect over the time but still continues to experience psychological distress. She is continued on Ativan and Ambien which are not recommended for long term use per the ODG. These medications are recommended to be gradually weaned and tapered over the time as they have issues such as tolerance, abuse, dependence etc associated with them. The request for monthly psychotropic medication sessions x 6 is medically necessary.