

Case Number:	CM14-0027176		
Date Assigned:	06/13/2014	Date of Injury:	02/02/2004
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
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 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 48 year old male who sustained an injury in 2004 with subsequent spinal surgeries. The injured worker suffered a post-op infection. By 2013, he was diagnosed with major depression. With monthly visits, he was prescribed Cymbalta and Ambien with improvement. A review in January 2014 resulted in the non-certification of Ambien. Further reviews failed to show documentation that the patient had continued with appointments or prescription refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTROPIC MEDICATION AND MANAGEMENT APPROVAL PER MONTH FOR SIX MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: The medical history from the primary treating provider indicated that the patient was seen regularly with ongoing pain and swelling, in spite of treatment. His medications were analgesics including Soma, Tramadol, Lorcet, and Voltaren gel. The treatment program has

continued for the duration of the decade since his injury in 2004. A drug screening in 2013 confirmed the absence of any antidepressants or benzodiazepines. The actual duration of the injured worker taking psychotropic drugs cannot be confirmed from a review of the provided records. A medication report from January 29, 2013 through January 29, 2014 noted no prescriptions for psychotropic medications. In addition to the medical treatment utilization schedule guidelines, there is a lack of any clinical support for the continuation of medication for insomnia or depression. Therefore, monthly medication management is not medically necessary.