

Case Number:	CM14-0030194		
Date Assigned:	06/20/2014	Date of Injury:	12/15/2013
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 26 year old female. The injured worker's injury is described as cumulative trauma and sexual harassment while at work on 12/15/2013. She has been medicated with sertraline, alprazolam, and estazolam. A psychological report in February 2014 notes depression and anxiety and insomnia. In addition to other services, two medication management sessions were requested and denied. The rationale for denial was that there were no records to confirm the patient was on psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS National Institute of Mental Health, Sequenced Treatment Alternatives to Relieve Depression (STAR*D), 2010.

Decision rationale: The MTUS does not specifically address medication management guidelines. The standards of practice state that psychotropic medications require oversight by an

appropriately trained physician or other prescriber. The appeal letter points out that the medications recommended are typically used to treat the symptoms of the injured worker. However, there remains no documentation from a prescriber that the injured worker is actually receiving the three medications listed. The appeal lacks the presence of any documentation from a prescriber or a pharmacy that these medications have been or are were to be prescribed. Lacking that documentation, the service under review is not medically necessary.