

Case Number:	CM14-0046492		
Date Assigned:	09/25/2014	Date of Injury:	11/14/2003
Decision Date:	10/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 patient is a 44-year-old female who has submitted a claim for major depressive disorder, psychological factors affecting medical condition, cervical spondylosis, myofascial pain syndrome, and cervical radiculopathy associated with an industrial injury date of 11/14/2003. Medical records from 11/15/2013 up to 5/12/2014 were reviewed showing that the patient is quite depressed and tearful. She is fearful of going to vocational rehabilitation. She also complains of anxiety. Patient has been taking her psychotropic medications for many years and is required for her to function. It is medically necessary to continue taking the medications for the patient's well being. MSE showed a depressed, tearful, and anxious individual. Treatment to date has included Wellbutrin, Abilify, Lamictal, and Klonopin. Utilization review from 4/4/2014 denied the request for Monthly psychotropic medication management, 1 session per month for 6 months. Although this treatment is determined to be medically necessary at this time, the relatedness of this condition to the industrial injury has not been determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management , 1 session per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Office visits

Decision rationale: The CA MTUS does not specifically address the topic on office visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has been taking Wellbutrin, Abilify, Lamictal, and Klonopin for many years and is required for her to function. It is medically necessary to continue taking the medications for the patient's well being. MSE showed a depressed, tearful, and anxious individual. The medical necessity of office visits for continued prescription of medications has been established. However, the present request failed to specify name of drugs being prescribed. Moreover, there has been no discussion concerning the need to certify at present 6 consecutive office visits. Therefore, the request for MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT 1 SESSION PER MONTH FOR 6 MONTHS is not medically necessary.