

Case Number:	CM14-0049679		
Date Assigned:	07/07/2014	Date of Injury:	07/16/1991
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 applicant has filed a claim for bipolar disorder, somatoform disorder, dysthymia, and chronic neck pain reportedly associated with an industrial injury of July 16, 1991. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; adjuvant medications; psychotropic medications and anxiolytic medications. In a Utilization Review Report dated March 26, 2014, the claims administrator approved a request for Abilify, alprazolam, Cymbalta, and Desyrel while denying a request for 'medication management.' No rationale for the denial was proffered. The claims administrator invoked non-MTUS 2008 ACOEM Practice Guidelines and non-MTUS Official Disability Guidelines (ODG) to deny the request for medication management visits. No clear rationale for the denial was proffered. The claims administrator did cite a teleconference with the attending provider stating that the applicant had been suicidal at various points and had issues with severe depression at other points. The applicant's attorney subsequently appealed. In a work status report dated April 9, 2014, the applicant was placed off of work, on total temporary disability. The applicant was described as in need of housekeeping help. The applicant was off of work owing to issues with sleep disturbance, it was acknowledged. Abilify, Xanax, Cymbalta, Restoril, and Desyrel were endorsed. The attending provider stated that she was placing the applicant off of work owing to issues associated with insomnia and imputed the issues with insomnia to the fact that the claims administrator had stopped authorizing prescriptions for Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits.

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

Decision rationale: The request for medication management is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and/or the applicant's work status. Thus, while more frequent follow-up visits would have been indicated here, owing to the fact that the applicant was off of work and was having apparent heightened psychological/psychiatric issues with depression, anxiety, and insomnia, the attending provider's request for 'medication management' is imprecise, is open to a variety of interpretations, and seemingly implies numerous follow-up visits over the life of the claim, even in points in time when the applicant would presumably be less symptomatic. This is not indicated. Therefore, the request is not medically necessary.