

Case Number:	CM13-0033713		
Date Assigned:	12/06/2013	Date of Injury:	03/23/1981
Decision Date:	12/04/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 52 year old female, who sustained an industrial injury on 3-23-81. The injured worker is diagnosed with adjustment disorder with mixed anxiety and depression, insomnia type sleep disorder due to pain, psychological factors affecting medical condition and female hypoactive sexual desire disorder due to pain. Her work status is temporary total disability. Notes dated, 6-8-28-13 and 7-1-13 - 7-31-15 reveals the injured worker reports mood is variable; anxiety has diminished; however she is tearful. She reports sleeping well. A note dated 5-2-15 reveals the injured worker reported difficulty with sleep, variable appetite, decreased libido, irritability, anxiety, worried thoughts about the future, sadness, despondency, isolation, withdrawn, decreased energy and motivation and crying spells. Notes dated 4-1-13 - 4-30-13 and 7-1-13 - 7-31-15 revealed "depression, anger anxiety and discouragement; insecure about even attempting to return to work". Treatment to date has included medications; Cymbalta, Ativan, Restoril and Atarax. Diagnostic studies include urine toxicology screen. A request for authorization dated for monthly psychotropic medication management (unknown) was modified to 3, per Utilization Review letter dated 9-25-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown monthly psychotropic medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Psychological treatment.

Decision rationale: The requested Unknown monthly psychotropic medication management, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has difficulty with sleep, variable appetite, decreased libido, irritability, anxiety, worried thoughts about the future, sadness, despondency, isolation, withdrawn, decreased energy and motivation and crying spells. Notes dated 4-1-13, 4-30-13 and 7-1-13, 7-31-15 revealed "depression, anger anxiety and discouragement; insecure about even attempting to return to work". Treatment to date has included medications; Cymbalta, Ativan, Restoril and Atarax. Diagnostic studies include urine toxicology screen. A request for authorization dated for monthly psychotropic medication management (unknown) was modified to 3, per Utilization Review letter dated 9-25-13. The treating physician has not documented the medical necessity for more than 3 medication management sessions. The criteria noted above not having been met, Unknown monthly psychotropic medication management is not medically necessary.