

Case Number:	CM13-0035758		
Date Assigned:	12/13/2013	Date of Injury:	12/14/2008
Decision Date:	01/27/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is licensed in Psychiatrist (MD 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:

Injured worker is a 33 year old female with date of injury 12/14/2008. Date of the UR decision was 10/9/2013. She sustained injury to her left ankle due to injury from a metal plate of a wheelchair while performing her work duties as a janitor. She underwent subtalar arthrodesis in 10/2011 and underwent medication treatment, physical therapy as well as aquatic therapy. Per report dated 9/24/2013, the injured worker was diagnosed with Major depression without psychotic features; Chronic Pain Syndrome associated with both Psychological factors and general medical condition and Axis II diagnosis of Passive Aggressive Tendencies. She was started on treatment with Paroxetine 10 mg daily # 60 per that report and the treatment plan documented that Cognitive Behavior Therapy was to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management visits (1 x/ month with psychiatrist for 12 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, 127

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, Office visits, Stress related conditions.

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. "Per report dated 9/24/2013, the injured worker has been diagnosed with Major depression without psychotic features; Chronic Pain Syndrome associated with both psychological factors and general medical condition and was started on treatment with Paroxetine 10 mg daily # 60. The request for medication management visits (1 x/ month with psychiatrist for 12 months) is excessive and not medically necessary as there is no clinical indication for such close monitoring as once monthly visits.

Paroxetine 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Per report dated 9/24/2013, the injured worker has been diagnosed with Major depression without psychotic features; Chronic Pain Syndrome associated with both Psychological factors and general medical condition and was started on treatment with Paroxetine 10 mg daily # 60. There is no follow up encounter to the report dated 9/24/2013, in the submitted documentation. The request for PAROXETINE 10MG #60 is medically necessary at this time as it is recommended to have follow up so that it can not be ascertained if the patient is tolerating the medication or if any dose titration is needed for adequate response or if the medication is needed to be continued. Based on the lack of such information, the request is not medically necessary.