

Case Number:	CM14-0109398		
Date Assigned:	08/01/2014	Date of Injury:	06/16/2005
Decision Date:	01/28/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 54 year old female with date of injury 6/16/2005. Date of the UR decision was 7/2/2014. Report dated 4/1/2014 listed subjective complaints as being stressed, depression was better, it was listed that she still cries but not as much as before and was sleeping about 6 hours a night. It was documented that she had been on the medications for 3 years and that it is medically necessary for her to be continued on these medications. She was given diagnosis of Insomnia type sleep disorder due to pain, Major depressive episode; single episode; moderate and Female hypoactive sexual desire disorder due to pain. She was being prescribed Paxil 40 mg in the morning for depression, Ativan 0.5 mg twice a day for anxiety and Klonopin 1 mg at bedtime for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management Quantity: One Session per Month for Six Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

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." The injured worker has been diagnosed with insomnia type sleep disorder due to pain, major depressive episode; single episode; moderate and female hypoactive sexual desire disorder due to pain. She is being prescribed Paxil 40 mg in the morning for depression, Ativan 0.5 mg twice a day for anxiety and Klonopin 1 mg at bedtime for anxiety. It has been documented that she had been on the medications for 3 years. The request for Monthly Psychotropic Medication Management Quantity: One Session per Month for Six Months is excessive and not medically necessary since the same medications have been continued for the last 3 years and such close monitoring as monthly visits are not clinically indicated. Also certain medications such as benzodiazepines are not recommended for long term use. Therefore, the request is not medically necessary.