

Case Number:	CM14-0148919		
Date Assigned:	09/18/2014	Date of Injury:	03/01/2005
Decision Date:	01/20/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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:

Injured worker is a 49 year old male with date of injury 3/1/2005. Date of the UR decision was 8/14/2014. Per report 10/1/2014, the injured worker presented with subjective complaints of depression having somewhat diminished. The objective findings listed that he has been on the medications for years and that the treating provider thinks that it is medically necessary to continue the medications. He has been diagnosed with Insomnia type sleep disorder due to pain, Psychological factors affecting medical condition and Major depressive disorder, single episode, severe. He was being prescribed Prozac 40 mg in the mornings for depression, Ativan 0.5 mg twice daily for anxiety, Ambien 10 mg at bedtime for insomnia and Atarax 25 mg nightly for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psych treatments - monthly psychotropic medication management (1 session per month for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (acute and chronic)

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 10/1/2014, the injured worker has been diagnosed with Insomnia type sleep disorder due to pain, Psychological factors affecting medical condition and Major depressive disorder, single episode, severe. He is being prescribed Prozac 40 mg in the mornings for depression, Ativan 0.5 mg twice daily for anxiety, Ambien 10 mg at bedtime for insomnia and Atarax 25 mg nightly for anxiety. The report indicates that the injured worker has been prescribed the same medications for years and that the depression is somewhat improved. Certain medications such as Ativan and Ambien are not indicated for long term use. There is no indication for such close monitoring as once monthly medication management sessions. Thus, the request for 6 psych treatments - monthly psychotropic medication management (1 session per month for 6 months) is excessive and not medically necessary.