

Case Number:	CM14-0196146		
Date Assigned:	12/04/2014	Date of Injury:	08/22/2007
Decision Date:	01/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 47 year old male with date of injury 8/22/2007. Date of the UR decision was 10/30/2014. Per report dated 9/2/2014, the injured worker presented with subjective complaints of ongoing depression, irritability and feeling frustrated. Objective findings documented that the injured worker has been on the same medications for years and that it is medically necessary to continue the same. He was diagnosed with Major Depressive Disorder, single episode, moderate and Psychological factors affecting medical condition. He is being prescribed Zoloft 150 mg in the mornings for depression, Ativan 0.5 mg three times daily for anxiety and Restoril 60 mg at bedtime for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval, one (1) session per month for six (6) 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 (ODG), Mental Illness and Stress, Office Visits

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, and Stress related conditions

Decision rationale: Per report dated 9/2/2014, the injured worker has been diagnosed with Major Depressive Disorder, single episode, moderate and Psychological factors affecting medical condition. He is being prescribed Zoloft 150 mg in the mornings for depression, Ativan 0.5 mg three times daily for anxiety and Restoril 60 mg at bedtime for insomnia. It has been documented that the injured worker has been on the same medications for years. Guidelines do not recommend benzodiazepines such as Ativan and Restoril to be used long term. Medications such as Zoloft do not require close monitoring as monthly follow ups. Thus, the request for Monthly psychotropic medication management and approval, one (1) session per month for six (6) months is excessive and not medically necessary.