

Case Number:	CM14-0045932		
Date Assigned:	07/02/2014	Date of Injury:	06/21/1991
Decision Date:	01/28/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 66 year old female with date of injury 6/21/1991. Date of the UR decision was 3/27/2014. Per report dated 8/2/2014, the injured worker had chronic pain in her wrist knee and back and developed symptoms of major depression, including persistently depressed and dysphoric mood, anhedonia, irritability, fatigue, sleep disturbance, anhedonia, social isolation, difficulty initiating and completing tasks, and impairment of attention and short-term memory as a secondary consequence of this injury. She was diagnosed with Major Depression, Single Episode and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. She was being prescribed Cymbalta 60 mg one tab, Wellbutrin-XL 300 mg, one tab daily, Modafanil 200 mg one tab twice daily as needed, Lorazepam 1mg daily as needed; Averages 1-2x weekly, Ambien CR 12.5 mg nightly as needed, Omega-fish oil and Piracetam for memory impairment, Remeron was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychiatric visits, forty minutes, once monthly for six months. Psychotropic medication management.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. "Injured worker has been diagnosed with Major Depression, Single Episode and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. She is being prescribed Cymbalta 60 mg one tab, Wellbutrin-XL 300 mg, one tab daily, Modafinil 200 mg one tab twice daily as needed, Lorazepam 1mg daily as needed; Averages 1-2x weekly, Ambien CR 12.5 mg nightly as needed, Omega-fish oil and Piracetam for memory impairment, Remeron was discontinued. The request for Outpatient psychiatric visits, forty minutes, once monthly for six months. Psychotropic medication management is excessive and not medically necessary, she is being prescribed two antidepressants, also she is continued on Ambien and Lorazepam which are indicated for short term use. Modafinil seems to be used off label in this case as the injured worker has not been diagnosed with conditions for which it is indicated by the FDA. Thus, the request is not medically necessary.