

Case Number:	CM15-0007416		
Date Assigned:	01/22/2015	Date of Injury:	06/16/2005
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 06/16/2005. The mechanism of injury was not specifically stated. The current diagnoses include insomnia, major depressive disorder, and female hypoactive sexual desire disorder. The injured worker presented on 10/22/2014 with complaints of symptoms of depression. The injured worker reported 4 to 6 hours of sleep at night plus a nap in the afternoon. The injured worker reported an improvement in symptoms with the current medication regimen. A mental status examination was not provided. Recommendations included continuation of the current medication regimen of Paxil 40 mg, Ativan 0.5 mg, and Klonopin 1 mg. A Request for Authorization form was then submitted on 11/03/2014 for monthly psychotropic medication management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management; One sessions per month x 6months plus medication approval: 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 & Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state the frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. While it is noted that the injured worker utilizes multiple psychotropic medications, the current request for 6 months of psychotropic medication management sessions is excessive, as the injured worker would need to be reassessed at each clinical office visit to determine further care. Given the above, the request is not medically appropriate.