

Case Number:	CM15-0134090		
Date Assigned:	07/22/2015	Date of Injury:	01/13/2006
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 52 year old female, who sustained an industrial injury on 1/13/2006. The mechanism of injury is unknown. She was diagnosed with cervical and lumbar radiculopathy, right shoulder pain, fibromyalgia, hypertension, anxiety, insomnia related to pain, major depressive disorder single episode severe, and psychological factors affecting medical condition. She has a history of bipolar disorder, and had a 14 day psychiatric hospitalization in 2013. There is no record of a recent diagnostic study. Treatment to date has included lumbosacral epidural steroid injection, TENS, psychotherapy and medication management. In a progress note dated 6/19/2015 she complains of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities, rated 7/10. Physical examination showed left trapezius and left cervical paraspinal spasm and tenderness, and lumbar paraspinal tenderness with limited range of motion. A progress note of 04/30/15 reported her to be depressed, anxious, and sleeping 3-5 hours per night. On 05/31/15 [REDACTED] indicated that her mood and medication regimen stabilized. She was being seen weekly but treatment could be spaced farther out now that she was more stable. The most currently reported medications include Invokana, Xyrtec, Mucinex, Wellbutrin, Prozac, Losartan, Metformin, Atorvastatin, Amlodipine, and gabapentin. The treating physician is requesting monthly psychotropic medication management and approval; one session per month for six months plus medication approval.

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 session per month for six months 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, Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference monthly psychotropic medication management. Official Disability Guidelines Mental Illness & Stress, Office Visits.

Decision rationale: The patient is on multiple medications which require close monitoring. Office visits for medication management are based on the individual needs and cannot be predicted in advance. UR of 07/06/15 modified this request to certify six medication management visits. It is unknown how many of these visits have been used. The request for monthly psychotropic medication management and approval is not reasonable as it implies unlimited services. This request is therefore not medically necessary.