

Case Number:	CM15-0021117		
Date Assigned:	02/10/2015	Date of Injury:	01/19/2006
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona, Maryland
 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 72 year old male, who sustained an industrial injury on 1/19/06. He has reported knee and ankle pain. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood, insomnia and major depressive disorder. Treatment to date has included previous arthroscopy, laminectomy, oral medications and physical therapy. Currently, the injured worker complains of ongoing knee pain with popping. On exam 12/2/14 it is noted the injured worker has been taking the medications for years and it is medically necessary to continue them. Tenderness to palpation is noted on medial and lateral joint lines of right knee on exam. On 1/12/15 Utilization Review submitted a modified review for monthly psychotropic medication management 1 time a month for 6 months to 3 months, noting weaning has previously been recommended and not initiated. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of monthly psychotropic medication management 1 time a month for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication management 1x a month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Anthem Blue Cross (2013) Behavioral

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: Office visits

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible" The injured worker has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, insomnia and major depressive disorder. The medications being prescribed are Wellbutrin XL 450 mg daily and Restoril 3 mg at bedtime for insomnia. Medications such as Restoril are not recommended to be continued for more than 4 weeks per guidelines. The request for Monthly Psychotropic Medication management 1x a month for 6 months is excessive and not medically necessary as the injured worker is not on medications that require close monitoring. It is to be noted that the UR physician modified the request to once a month for 3 months.