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| Case Number: | CM15-0211257 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 09/07/2012 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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 60 year old male who sustained an industrial injury on September 07, 2012. The worker is noted temporarily totally disabled. The worker is being treated for: major depressive disorder, moderate; somatic symptom disorder with predominant pain, moderate, and psychological factors affecting medical condition. Subjective: October 01, 2015 he reported the medications help a lot; depressed and cries with note of sleeping 6.5 hours a night. Medication: Prozac, Klonopin, Restoril and Atarax. Treatment: October 01, 2015 primary visit noted the worker having completed 6 of 6 authorized sessions February 18, 2015; requires medication regimen, consultations, psychiatric and social services. On October 08, 2015 a request was made for 6 sessions of psychotherapy psychotropic medication management that was modified by Utilization Review on October 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic Medication Management 1 sessions per month times six 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), Pain Chapter.

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 & Stress/ 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 major depressive disorder, moderate; somatic symptom disorder with predominant pain, moderate, and psychological factors affecting medical condition. Per the most recent progress report dated 10/01/2015, the injured worker reported that the medications were helpful; but he reported feeling depressed and had been sleeping 6.5 hours a night. He was being prescribed medications including Prozac, Klonopin, Restoril and Atarax. Benzodiazepines such as Klonopin and Restoril are not recommended for use longer than 4 weeks per the guidelines. The request for Psychotropic Medication Management 1 sessions per month times six months is not clinically indicated at this time as the injured worker is not being prescribed any medications that would require such close monitoring as once monthly visit for another six months. The request is not medically necessary.