

Case Number:	CM15-0044080		
Date Assigned:	03/16/2015	Date of Injury:	11/27/2000
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 61 year old male who sustained an industrial injury on 11/27/2000. The mechanism or original results of the injury are not found in the submitted records. He reported increased tension, anxiety, and fear regarding the future. On examination the patient was noted to be dysphoric. The injured worker was diagnosed as having major depression. Treatment to date has included medications and treatment with a psychiatrist. Currently, the injured worker complains of increased tension, anxiety, fears regarding his future. Neuro-vegetative signs were noted. Request for authorization was made for Psychotherapy with medications 2 times per month, and for the medications of Aspirin 81mg, Risperidone .25mg, and Lorazepam .5mg, all medications in unknown quantities. Buspirone was ordered in an unknown dose and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspirin 81mg unknown quantity: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: NSAIDs such as aspirin should be used for arthritis or back pain. It may be used for heart and stroke risk factors. In this case, there was no mention of the above diagnosis, reason for use or quantity. As a result the request for Aspirin is not medically necessary.

Risperidone .25mg unknown quantity: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and mental chapter- pg 49.

Decision rationale: According to the guidelines, Risperidone is not recommended for 1st line treatment. Such atypical anti-psychotics are not recommended for ODG guidelines. The claimant had major depression. There was no indication of SSRI or tri-cyclic failure. The request for Risperidone was not substantiated and not medically necessary.

Psychotherapy with medications 2 times per month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- mental chapter- cognitive therapy and pf 22.

Decision rationale: According to the guidelines, psycho-cognitive therapy is recommended for depression. An initial trial of 6 visits over 6 weeks then up to 20 over 20 weeks is appropriate. In this case, the claimant had depressions and was on antidepressants, antipsychotics and anxiolytics. The request for psychotherapy with medical management is appropriate and medically necessary.