

<b>Case Number:</b>	CM15-0046833		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 47 year old female, who sustained an industrial injury on 10/12/11. The diagnoses have included major depressive disorder, single episode moderate and psychological factors affecting medical condition. The mechanism of injury was not noted. Treatment to date has included medication management. There were no other treatments noted. Currently, as per the physician progress note dated 12/1/14, the injured worker states that the depression is getting better. It was noted that she still cries, sleeps an average of 6 hours a night and reports that medications are very helpful. The current medications included Celexa, Restoril, and Atarax. The exam revealed that she was able to better execute functions of daily living. The physician noted that it was essential that she takes the medications as prescribed to prevent regression. The physician was requesting 6 monthly psychotropic medication management sessions and Restoril 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 monthly psychotropic medication management sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 15 Stress Related Conditions Page(s): 398, 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 major depressive disorder, single episode moderate and psychological factors affecting medical condition and has been prescribed Celexa, Restoril, and Atarax for the same. Restoril is not indicated for use more than 4 weeks per the MTUS guidelines. The request for 6 monthly psychotropic medication management sessions is excessive and not medically necessary since the injured worker is not on any medications that would require such close monitoring as once a month visits for 6 months.

**30 Restoril 30mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): Page(s) 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The ongoing use of Restoril is not clinically indicated. Thus the request for 30 Restoril 30mg is excessive and not medically necessary.