

Case Number:	CM15-0050881		
Date Assigned:	03/24/2015	Date of Injury:	10/05/2006
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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:

This 57 year old woman sustained an industrial injury on 10/5/2006. The mechanism of injury is not detailed. Diagnoses include cervical spine discopathy, left shoulder mild acromioclavicular joint arthropathy, lumbar spine discopathy, right knee internal derangement, morbid obesity, status post Roux-en-y gastric bypass surgery, left knee arthrosis, major depressive disorder, insomnia due to pain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 12/1/2014-12/31/2014 show continued major depression and insomnia. Recommendations include weekly cognitive behavioral psychotherapy, medications, telephone consultations, psychiatric, and social services.

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, 1 session per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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: The Official Disability Guidelines 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, insomnia due to pain, Psychological factors affecting medical condition and female hypoactive desire disorder due to pain. She is being prescribed Ambien, Ativan and Prozac. Ambien is not indicated for use more than 7-10 days per the Official Disability Guidelines and Ativan use should be limited to 4 weeks per MTUS. Continuation of Prozac does not require close monitoring. Thus, the request for Monthly Psychotropic Medication Management and Approval, 1 session per month for 6 months is excessive and not medically necessary.