

Case Number:	CM14-0144092		
Date Assigned:	09/12/2014	Date of Injury:	08/07/2004
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Psychiatry & Neurology; Addiction Medicine has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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. background and expertise in the same or similar specialties that evaluate and/or treat the medical The expert reviewer was selected based on his/her clinical experience, education, condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 51 pages of medical and administrative records. The injured worker is a 55 year old whose date of injury is 08/07/2004. The primary diagnosis is depressive disorder NOS. This occurred during her employment as a certified nursing assistant while moving a patient in a Hoyer lift. In a report of 07/24/14, response to utilization review denial/modification, it was noted the diagnosis of compressed discs was made. Subsequent to her injury she developed low back and left shoulder pain. Treatments received were conservative, back surgeries (2009 and 2010) and shoulder surgery (2011) resulting in limited use of the left arm and hand. As the patient is left handed, she felt useless. In 2008 she was prescribed Pristiq due to the development of depression and anxiety with increased emotional distress as her pain and impairment worsened. She was found permanent and stationary from a psychiatric standpoint in 2010. The patient's marriage began to deteriorate and she and her husband separated in 2011, which was not attributable to her industrial injury. Her anxiety and depression increased corresponding to her physical condition, and she went through a course of cognitive behavioral therapy. She consulted with a psychiatrist in 2012-2013 several times, presenting with sleep disturbance due to pain manifested by difficulty falling and staying asleep, and she was angry, irritable, tearful, less motivated to be active in life, and anxious about her health. She had difficulty with memory and concentration. In 02/12 she was on Cymbalta and Lunesta for sleep. In 04/12 Cymbalta was discontinued, Wellbutrin was started, and Lunesta was increased due to taking a long time falling asleep. In 11/12 she was switched to Effexor as the Wellbutrin was not effective. In 02/13 Atarax was added and Effexor was increased. In 05/13 the patient reported tiredness, tearfulness, and inability to sleep without medication. ■■■ discontinued Atarax and started Ativan. At this point she was on Effexor, Ativan, and

Lunesta, and was described as sleeping 3-4 hours. A PR2 of 06/03/13 from [REDACTED] described the patient as unchanged, tearful and complains of tiredness. She sleeps 3-4 hours with RX, without RX she disclaims any sleep. Her diagnoses were depressive disorder NOS, insomnia type sleep disorder due to pain, and female hypoactive sexual desire disorder due to pain. There were no further reports of the patient's response to these medications. UR of 06/14 recommended taper of the Ativan and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic medical management- once every 3 months x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office visits

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: The patient was being prescribed Effexor for depression, Ativan for anxiety and Lunesta for sleep disturbance due to pain. UR of 06/14 recommended taper of Ativan and Lunesta due to having exceeded ODG guidelines. There are no records provided beyond 06/03/13 to show what the patient's medication regimen is currently, although since there is a UR from June 2014 one may assume that the patient was on this medication regimen at least at that time. The last record provided for review was dated 07/24/14, which is 9 weeks ago. It is unknown what the patient is being prescribed currently. In addition, the request for psychotropic medical management every 3 months x6 sessions is excessive at this time. This amounts to 18 months of treatment. As such this request is not medically necessary. MTUS does not reference psychotropic medical management. Per ODG, recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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.