

Case Number:	CM14-0160157		
Date Assigned:	10/09/2014	Date of Injury:	07/25/2012
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 and is licensed to practice in Illinois and Wisconsin. 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/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:

This is a now 64 year old female who was injured in July of 2012. She has been variously diagnosed with Major Depressive Disorder and Adjustment Disorder with mixed features. It appears she was assessed on or about 5/1 of this year and started on Ativan 0.5 mg p.o BID, Restoril 15 mg at hs, and Cymbalta 60 mg daily. The provider is requesting coverage for monthly medication management visits times 6, retrospective medication management times 1 for DOS 8/21/2014, Ativan 0.5 mg #180, and Restoril 30 mg #30. This is a review for medical necessity for each of the above requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management & approval (major depression) (1x6):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Metal Illness & Stress Procedure Summary

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 and Stress, Summary of Medical Evidence and Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010

Decision rationale: The above indicates office visits as determined to be medically necessary. It appears that the patient had recently been started on medications and the previous reviewer recommended an Ativan taper (see finding below). It is not clear that the patient is stable and there is the prospect of medication changes which indicate medical necessity for monitoring on at least a monthly basis. Patients who are not fully stable typically require monthly management if not more frequently and current best practice standards as indicate in the APA Practice Guidelines indicate medications for at least 6-12 months for patients with Major Depressive Disorder. As such 6 monthly management visits appear to be supported by the evidence based Official Disability Guidelines as well as the APA.

Ativan 0.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 24.

Decision rationale: The best available data indicate that the patient is on 0.5 mg BID and has been on this medication since at least May. State of California MTUS indicates a maximum course of benzodiazepines for four weeks. As such the request clearly exceeds the evidence based best practice standards as indicated in the above cited reference and should not be considered as medically necessary. The request as modified (#60 for the purpose of a taper) should meet the patient's needs and prevent withdrawal symptoms.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 24.

Decision rationale: The patient has been on this medication since at least May. As noted above, the State of California MTUS does not recommend a course of benzodiazepines exceeding 4 weeks. The request for an additional 1-2 month supply of this medication therefore is not supported as medically necessary according to the above cited evidence based best practice standard.

Retrospective for 08/21/14, monthly psychotropic medication management & approval (major depression): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Metal Illness & Stress Procedure Summary

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 and Stress, Summary of Medical Evidence

Decision rationale: The ODG indicate office visits as determined to be medically necessary. It appears that the patient had recently been started on medications and as noted previously the previous reviewer recommended an Ativan taper. Also as noted above medication management on at least a monthly basis appears to be clinically indicated and it is not clear that the patient had been seen since June. Given that she was recently started on medications and frequent monitoring is indicated, the requested 8/21/2014 medication management visit would appear to have been medically necessary according to the evidence based best practice standards as set forth in the above cited reference.