

Case Number:	CM15-0108516		
Date Assigned:	06/15/2015	Date of Injury:	04/06/2006
Decision Date:	07/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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 46 year old male, who sustained an industrial injury on 4/6/06. He reported pain in neck and hands associated with numbness, weakness and tingling sensation. The injured worker was diagnosed as having major depressive disorder, insomnia type sleep disorder due to pain and male hypoactive sexual desire disorder due to pain. Treatment to date has included oral medications including Zyprexa, Prozac, Risperdal, Klonopin and Lunesta. Currently, the injured worker complains of continued feeling of depression. He is temporarily totally disabled. Objective findings noted he has been on medications for longer than one year and functional benefit with medication management is he will be better able to execute functions of daily living. A request for authorization was submitted for monthly psychotropic medication management and approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med management 1 visit a month for 6 months: 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 and stress chapter.

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; insomnia type sleep disorder due to pain and male hypoactive sexual desire disorder due to pain. He has been prescribed Zyyprexa 20 mg and Prozac 40 mg daily. There is no indication of long term use of atypical antipsychotics such as Zyprexa. Also, there is no report of continued objective functional improvement with ongoing use of Prozac. The request for Med management 1 visit a month for 6 months is not medically necessary. It is to be noted that the UR physician authorized one session of medication management.