

Case Number:	CM15-0074951		
Date Assigned:	04/24/2015	Date of Injury:	06/21/2012
Decision Date:	06/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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 33-year-old female, who sustained an industrial injury on 6/21/2012. The current diagnoses are mood disorder (depression) and anxiety disorder, secondary to industrial orthopedic injury. According to the progress report dated 5/6/2014, the injured worker complains of depressed mood, irritability, and anxiousness. Additionally, she reports decreased sleep, energy, concentration, and appetite. There was no plan or intent. Denied any thought of harm directed toward anyone in particular. The current medications are Xanax and Motrin. Treatment to date has included medication management and psychological PQME. The plan of care includes psychiatric treatment and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric medications: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been diagnosed with mood disorder (depression) and anxiety disorder, secondary to industrial orthopedic injury. She is being prescribed Xanax, which is not indicated for use over 4 weeks per the MTUS guidelines. The request for Psychiatric medications does not specify the names, quantities of the medications being requested and thus is not medically necessary.