

Case Number:	CM15-0078290		
Date Assigned:	04/29/2015	Date of Injury:	08/18/1994
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63-year-old male patient who sustained an industrial injury on 08/18/1994. The patient fell from a building sustaining a severe concussion and subsequently unconscious for 1.5 months and with memory problems. A psychiatric visit dated 9/29/2014 described an interruption in delivery of required medications (Depakote and Venlafaxine). There was also noted discussion regarding the transferring of the patient's psychiatric care to another provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 500 MG ER #90 with 3 Refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, depakote.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of seizure disorder and mood disorders. The patient has both of these diagnoses and therefore the request is medically necessary.

Venlafaxine ER 75 MG #90 with 3 Refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, effexor XR.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of mood disorders such as depression and anxiety. The patient has the diagnosis of depression and therefore the request is medically indicated and certified.

Abilify 2 MG #30 with 3 Refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, abilify.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated as an adjunct medication in the treatment of major depression. The patient is suing this medication in conjunction with effexor and therefore the request is medically indicated and certified.