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| Case Number: | CM13-0022256 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 05/16/2006 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 08/09/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in Connecticut and New York. 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 physician 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:

The claimant is a 45-year-old man with a date of injury of 5/16/2006. The patient's chart on 6/3/13 noted his symptoms of depression, anxiety, sleep disturbance, low energy and social withdrawal. He has made "some progress" with cognitive behavioral therapy and medication management but remains with symptoms. On 6/24/2013 he is noted to be easily startled, with phobic avoidance and be preoccupied with the injury. His symptoms meet criteria for Posttraumatic Stress Disorder and Depressive Disorder NOS. He was continued on Celexa and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management once every 5 weeks for 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation American Psychiatric Association (APA) Practice Guideline for the treatment of patients with Major Depressive Disorder, pg.56.

Decision rationale: As per the APA Guideline "continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy, with a recommended duration of continuation therapy of approximately 4-9 months (assuming good and consistent control of depression symptoms) ... patients who have not fully achieved remission with psychotherapy are at greater risk of relapse during the continuation phase, treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase." As per the APA Guideline above, when a treatment plan includes medication to manage the patient's condition, there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. The request for Medication management once every 5 weeks for 6 months is medically necessary and appropriate.