

<b>Case Number:</b>	CM13-0024350		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 California. 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:

This case involves a 53 year old female who injured herself January 6, 2012. She suffered neck injuries. She sustained injury to her extremities and has had wrist braces and pain meds. She has had Zoloft prescribed to treat diagnoses of depression and anxiety. She has also been treated with Vicodin, Trazodone and Xanax. The patient's job description is "Picker" as she is a picker in a warehouse. She has been given the following Diagnoses: Major depression. Generalized anxiety disorder. Female hypoactive sexual desire disorder due to chronic pain. Insomnia. Psychological factors affecting medical condition. The issues at hand are the medical necessity of two issues:  
1. Pharmacological management  
2. referral for follow up-office visits

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacological management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits, American Psychiatric Association Practice Guidelines, Practice

Guideline for the Treatment of Patients with Major Depressive Disorder, and  
<http://psychiatryonline.org/content.aspx?book>

**Decision rationale:** This reviewer notes that National standards of care require that the patient receives a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Vicodin, Trazodone, Zoloft, ambien and Xanax. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. In this instance, pharmacological management is medically necessary per guidelines (along with one follow up office visit-see item 2).

**Referral for follow-up office visit:** 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) Mental Illness and Stress, office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits, American Psychiatric Association Practice Guidelines Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition DOI: 10.1176/appi.books.978089042338

**Decision rationale:** This reviewer notes that National standards of care require that the patient receives a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Vicodin, Trazodone, Zoloft, ambien and Xanax.. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. For the very same reason that it is medically necessary to have a pharmacological management session, it is equally important to have regular follow up. It is assumed that medication management will be ongoing. Per guidelines cited above, a follow up office visit is medically necessary.