

Case Number:	CM13-0029706		
Date Assigned:	11/01/2013	Date of Injury:	01/22/2008
Decision Date:	01/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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:

The patient is a 55-year-old male who sustained a cumulative work-related injury on 01/22/08 to the psyche, sleep disorder, hypertension, and gastrointestinal system. He became temporarily totally disabled between 01/22/08 and 11/10/08 when he returned to work. His impairment while he was off work was characterized by significant fatigue, distractibility, rumination about work events, low self-esteem, and dread of returning to work. He is diagnosed with Adjustment Disorder with Mixed Anxiety and Depression; and Psychological Factors Affecting Medical Condition. He has been treated with Prozac 20 mg per day. The case is being presented for a decision on the medical necessity or the lack thereof for monthly psychotropic medication management (duration not specified):

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management (duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Follow-Up 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 and The American Psychiatric Association Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition.

Decision rationale: Guidelines indicate medication management visits are required to maintain patients on prescription psychiatric medications, and a time limit is necessary in order to make a determination of medical necessity. The medical records attached to this case do specify monthly medication management for two months at one point in the records and for six months in another part of the record. However, the current request is for "monthly psychotropic medication management (duration not specified)". Such a request denotes that the medication management would be indefinite, going on into perpetuity. While medication management for a finite period clearly would be medically necessary, medication management into perpetuity is not medically necessary and not supported by the guidelines.