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| <b>Case Number:</b>   | CM13-0030965 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 06/01/2006 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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, has a subspecialty in Neurology 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 49-year-old female with a 6/1/06 date of injury. At the time of request for authorization for monthly psychotropic medication management, there is documentation of subjective (anxiety, stress, and depression), current diagnoses (major depressive disorder), and treatment to date (psychotherapy and medications). 9/13/13 utilization review determination identifies a partial certification for psychotropic medication management x1 (of the requested monthly psychotropic medication management: RFA date 8/1/13). 10/10/13 supplemental report: response to utilization review denial/modification identifies that at time of the initial request, a request for at least four additional psychotropic medication consultations to treat the psychiatric condition was recommended. In addition, the 10/10/13 medical report identifies that the patient has been consulted 9 times since being started on Cymbalta (in December 2012).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly Psychotropic medication management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office visits.

**Decision rationale:** MTUS does not specifically address the issue. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, given documentation of subjective findings (anxiety, stress, and depression), and current diagnoses (major depressive disorder), treatment to date (psychotherapy and medications), there is documentation of a clinical condition necessitating psychiatric medication management in order to manage the patient's ongoing psychotropic medications. However, the request for monthly psychotropic medication management is open ended for frequency and duration. Therefore, based on guidelines and a review of the evidence, the request for monthly psychotropic medication management is not medically necessary.