

<b>Case Number:</b>	CM13-0031159		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	09/16/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology, 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 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/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 56-year-old with a date of injury of October 5, 2006. The claimant sustained multiple orthopedic injuries when she fell while vacuuming a carpet and rolled down approximately 20-25 stairs. The claimant sustained this injury while working as a housekeeper for [REDACTED]. In his July 26, 2013 report, [REDACTED] diagnosed the claimant with: (1) Cervical spine discopathy; (2) Lumbar spine discopathy; (3) Right knee internal derangement; (4) Morbid obesity; and (5) Status post Roux-en-y gastric bypass surgery, April 2, 2010. Additionally, in his Treating Physician's Progress Report dated September 3, 2013, [REDACTED] diagnosed the claimant with: (1) Status post gastric bypass; (2) Status post enterotomy and Peterson hernia; (3) Hypertension; (4) Diabetes mellitus; (5) Positive methane breathing test; (6) Ischemic gliosis; (7) Elevated liver enzymes; and (8) Orthopedic condition. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their August 1, 2013 PR-2 report, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, recurrent, unspecified; (2) Female hypoactive sexual desire disorder due to pain; and (3) Insomnia-type sleep disorder due to pain. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### 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:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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

**Decision rationale:** The CA MTUS does not address office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and psychiatric/medication management services from [REDACTED]. It is noted in the PR-2 report dated July 2, 2013, that the claimant was being prescribed: Prozac 40mg in the morning; Ativan 1 mg in the morning & afternoon; Ambien CR 12.5mg at bedtime. Because the claimant continues to take psychotropic medications, it is reasonable that she continue to have authorized visits with [REDACTED]. Unfortunately, the request for monthly psychotropic medication management is not specific as it does not indicate how many visits are being requested and over what duration of time. As a result, the request for monthly psychotropic medication management is not medically necessary or appropriate.