

Case Number:	CM13-0034473		
Date Assigned:	12/06/2013	Date of Injury:	11/28/2001
Decision Date:	01/31/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 claimant is 49 years old and was injured on 11/28/01. The claimant is stable on the current medications and is benefitting from them. Medications include Zoloft 150 mg, Wellbutrin 100 mg, and Lorazepam 0.5 mg as needed. Diagnoses are major depression, single episode, moderate to severe, non-psychotic; and psychological factors affecting medical condition. The current request is for medication management once every 6 weeks, 8 sessions per 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1 time every 6 weeks, 8 sessions per year: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary, updated 05/13/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin), SSRIs 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: Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition.
<http://psychiatryonline.org/content.aspx?bookID=28§ionID=1667485#654226>

Decision rationale: The CA MTUS does not specifically address office visits for psychiatric medication management, but it does address medications relevant to this case; for example, SSRIs such as Zoloft, Benzodiazepines such Lorazepam, and Bupropion (Wellbutrin). The ODG does address office visits as follows: "Recommended as determined to be medically necessary. 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 they should be encouraged."The American Psychiatric Association Practice Guidelines state the following with respect to therapeutic interventions:" b. Assessing the adequacy of treatment response. In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]."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 Zoloft, Wellbutrin and Ativan (Lorazepam). Not only does this patient need eight medication management visits with a psychiatrist, he 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 and for efficacy of medications, as well as monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety and overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. This patient has had well-documented medication management and will continue to need the same. Eight medication management visits over the next year is medically necessary per guidelines cited above.