MAXIMUS Federal Services

Case Number:	CM13-0040016		
Date Assigned:	12/20/2013	Date of Injury:	07/06/2011
Decision Date:	05/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 37 year old married woman with neck, clavicle, back, and upper extremity problems, bladder problems, headaches, stomach pain, and knee and ankle pain. She has been depressed, anxious and has had Hypoactive Sexual Desire Disorder Due to Pain as well as insomnia. She has been treated with Celexa which seemed to increase irritability. She has also been treated with Wellbutrin and Ativan. At issue for this independent medical review is medical necessity for monthly psychotropic medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management, PR-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, 1062-1067..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 27,107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits. and the Practice Guideline for the Treatment of Patient with Major Depressive Disorder, Third Edition.

Decision rationale: The CA MTUS does not specifically address office visits for psychiatric medication management but does address SSRI medications such as Celexa. The ODG does

address office visits as follows: ODG, Mental Illness & Stress, Office Visits. 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, Practice Guideline for the Treatment of Patient with Major Depressive Disorder, Third Edition, states 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 of one medication management session over a twelve month period in order to assess the efficacy of the medications such as Ativan, Wellbutrin and Celexa. Not only does this patient need some 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. Despite the obvious need for psychiatric medication management visits, this particular request was precisely as follows: "Monthly psychotropic medication management, PR-2" The way that this request is worded, there is no endpoint to treatment. To certify such a request would be to certify unlimited monthly medication management into perpetuity. The guidelines support medication management, but it is not possible to confer medical necessity status onto treatment requests that are worded to denote unlimited care into perpetuity. PR-2 is not an indicator of any type of endpoint to treatment but refers to a monthly form that providers complete. Because of the lack of a specified quantity of or endpoint to treatment, the request for monthly medication management as worded cannot be seen as medically necessary under the guidelines.