

<b>Case Number:</b>	CM13-0043775		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/1999
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 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 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:

Patient is a 69 year old female with date of injury 10/01/1999. Date of UR decision was 9/26/2013. Progress report from 6/18/2013 lists subjective findings of episodic anxiety, depression. Objective finding is mild depression. Beck depression inventory score is 5 and Beck anxiety inventory score is 3. The injured worker is being prescribed celaxa 40 mg a day, trazodone 100 mg at bedtime and ativan 0.5 mg prn. States that "she is stable, had some increase in stress". Plans list that she is stable and to continue meds. Follow up scheduled from 10-12 weeks from date of this visit. The injured worker has been receiving Psychiatric treatment for medication management at least since May 2011 per submitted documentation. Has been on the same combination of medications with some changes in doses during the course of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT (EVERY SIX WEEKS FOR ONE YEAR):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, OFFICE VISITS.

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

**Decision rationale:** According to CA MTUS guidelines" Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." ODG states "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 need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " The reviewed documentation suggests that the injured worker has been receiving medication management since at least May 2011. She has been continued on the same regimen of medications with some changes in doses during the course of time. The last progress note from Psychiatrist suggests that she has been stable with medications. There is no information available regarding the length of time the medications are intended to be continued, especially Ativan since it is not recommend to prescribed on long term basis, goal of treatment or information regarding at what point the care can be transferred back to primary provider since she has been stable. The most recent progress note also suggested that the Psychiatrist wanted the injured worker to return to clinic in 10-12 weeks. The request for medication management every 6 weeks for a year is excessive and medical necessity cannot be affirmed at this time.