

<b>Case Number:</b>	CM13-0049709		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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:

This 47 year old male had a date of injury 1/30/2004. The date of the Utilization Review (UR) decision was 10/11/2013. Mechanism of injury was by being punched by a psychiatric patient at work, which resulted in fracture of floor of left orbit, and multiple fractures of bones of left side of his face. He started experiencing psychological issues secondary to the trauma. Progress report from 1/2/12 lists diagnoses of Panic ds, Post Traumatic Stress Disorder and Psychological issues affecting medical condition. Subjective complaints include "severe pain, sinus infection, fears he will die from infection, depression, anxiety, intrusive thoughts." Psychotropic medications being prescribed for the injured worker are Ambien, Ativan, Wellbutrin and Lexapro. He has been followed up by the Psychiatrist almost every month. Most recent progress report from 11/01/2013 lists diagnoses of Post Traumatic Stress Disorder, Chronic; Insomnia type sleep disorder due to pain, Major Depressive disorder, single episode, moderate. The most current medication regimen has been lexapro 10 mg qam, Wellbutrin xl 300 mg qam, Ambien CR 12.5mg, ativan 2 mg qhs. The subjective complaints from that day are "patient is less depressed, but still moderately to severely depressed; sleeps 3-4 hr/night, complains and anxiety, says meds help". The objective findings state that he has been on medications for approx 3 years and the treating psychiatrist finds it medically necessary to continue medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC MEDICATION MANAGEMENT VISITS TWICE MONTHLY FOR THREE MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

**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 are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible" The injured worker has been continued on the same medications for 3 years. Per guidelines, benzodiazepines and ambien are not recommended for long term use. There has been no documented evidence that these medications have been tried to BE tapered off. No information is available regarding the length of time the medications are intended to be continued, the goals of treatment etc. The injured worker still continues to experience moderate to severe depression being on the current treatment so unclear regarding the efficacy of the current treatment. Additional information is required to affirm medical necessity of twice monthly visits for 3 months. The request is not medically necessary and appropriate.