

Case Number:	CM13-0063084		
Date Assigned:	08/13/2014	Date of Injury:	09/01/2012
Decision Date:	09/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 Texas. 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 injured worker is a 35 year old female who was injured on September 9, 2012. The mental health issues in this case involve depression which has been managed with medications. Her diagnoses include post traumatic stress disorder, major depression, and alcohol abuse in remission. Her medications include Lexapro, Retsoril and Atarax. Monthly medication management visits is anticipated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic medication management (1 session per month for 6 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: In cases of chronic pain, antidepressants may be useful but may also require weeks to exert maximum effect. Although the Chronic Pain Medical Treatment Guidelines do not specifically address the duration or frequency of medication management visits, the standards of practice set the expectation of a frequency to ensure a lack of adverse effects, duration sufficient to determine efficacy and then monitoring on a less frequent basis. The

modified approval of one session monthly for three months provides sufficient time for the injured worker and physician to assess the efficacy of the proposed pharmacotherapy for depression. Monthly psychotropic medication management (1 session per month for 6 months) is not medically necessary.