

Case Number:	CM13-0066158		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2011
Decision Date:	05/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Neurology 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:

According to the records made available for review, this is a 43-year-old female with an 11/1/11 date of injury. At the time (11/1/13) of the request for authorization for monthly psychotropic medication management and medication for 1 session per month for 6 months, there is documentation of subjective (pain and greater depression, still tearful, and less anxious with Ativan) and objective (taking medications for more than a year) findings, current diagnoses (posttraumatic stress disorder chronic, panic disorder without agoraphobia, and major depressive disorder SE moderate), and treatment to date (medication). There is no clarification as to what additional medication(s) will be needed each month.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT AND MEDICATION FOR 1 SESSION PER MONTH FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Office visits

Decision rationale: MTUS reference to ACOEM Guidelines identifies that given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnosis of posttraumatic stress disorder chronic, panic disorder without agoraphobia, and major depressive disorder SE moderate. However, despite documentation that medication will include but not limited to Prozac and Ativan, there is no clarification as to what additional medication(s) will be needed each month. In addition, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for monthly psychotropic medication management and medication for 1 session per month for 6 months is not medically necessary.