

Case Number:	CM13-0066461		
Date Assigned:	01/03/2014	Date of Injury:	12/11/2003
Decision Date:	06/25/2014	UR Denial Date:	11/27/2013
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 is licensed to practice in Illinois and Wisconsin. 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 patient is a 45-year-old male who was injured in July of 2003. The patient has been experiencing anxiety and depression, along with anhedonia, irritability, poor sleep and social withdrawal. The medications prescribed include Cymbalta, Latuda, Ambien and Klonopin. The patient had been on Xanax and Risperdal in the past, but these were discontinued in July due to the wife's complaints that the patient was "too much like a zombie". The provider has requested coverage for an additional six (6) medication management sessions. The coverage was modified to three (3) sessions from 11/14/2013-1/24/2014, with the idea of a re-review and entertaining the possibility of tapering the frequency of visits to every two (2) months. This is an independent review of medical necessity for the original request for six (6) medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF PSYCHOTROPIC MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 14 (Stress Related Conditions) (2004), Page 405; and the Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that the frequency of follow-up visits are indicated by the severity of symptoms. In this case the clinical evidence submitted indicates that the patient was experiencing side effects in July of 2013, but the most recent data available indicates that the patient is stable, with no reported side effects or significant breakthrough symptoms. Patients who are stable probably do not need to be seen more frequently than two to three (2-3) times per month. Due to the absence of additional information supporting monthly management, the request for six (6) sessions is not supported. Therefore, the six (6) sessions do not appear to be medically necessary.