

<b>Case Number:</b>	CM13-0068389		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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:

The patient is a 44 year old female with date of injury 7/9/2009. Mechanism of injury was due to work related stress such as witnessing a coworker get assaulted by a patient and then once by being approached by a patient with a handmade weapon. The patient started receiving psychological treatment in 2009. Progress report from 10/1/2013 lists diagnoses of major depressive disorder, single episode, moderate and psychological factors affecting pain condition. She is improved but still depressed and tearful. The patient was being prescribed paxil 30 mg in the morning and Ativan 2 mg in the morning and afternoon. She has been receiving individual counseling two to four times a month, sees the psychiatrist for medication management every four to six weeks per submitted documentation. The patient has been on Ativan on a long term basis.

### 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 APPROVAL, ONE SESSION PER MONTH FOR SIX MONTHS: 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 Chapter, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Page(s): 24 AND 124. Decision based on Non-MTUS Citation ODG, Stress & Mental illness Chapter, Office visits, Stress related conditions

**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. The Chronic Pain guidelines indicate that benzodiazepines are not recommended for long-term use. The name of medications, quantity etc. have not been specified. There is no information regarding the goal of treatment, the length of time the medications are intended to be continued especially the Ativan, since benzodiazepines are not recommended for long term use per guidelines. Additional information is required to affirm medical necessity.