

<b>Case Number:</b>	CM13-0072554		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 72 year old male with date of injury 2/11/2008. Date of Utilization Review (UR) decision was 12/5/2013. The injured worker (IW) encountered cumulative work related trauma resulting in chronic pain in cervical spine, bilateral shoulders and lumbar spine. The chronic pain resulted in psychological complaints. Progress report dated 10/1/2013 lists subjective complaints as "Depression is variable. Patient is tearful, sleeps 6-7 hrs a night, and says meds help". Objective findings are listed as "Psychological testing". Per this report, IW is diagnosed with Major Depressive symptoms, single episode, severe; Psychological factors affecting medical condition; Insomnia type sleep disorder due to pain and Male hypoactive sexual desire disorder due to pain. The psychotropic medications being prescribed for IW are Cymbalta 60 mg qam, Ativan 0.5 mg bid and Restoril 30 mg qhs. Letter dated 01/23/2014 was reviewed.

### 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:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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: Recommended as determined to be medically necessary. 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 they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. " MTUS also states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker is being prescribed two benzodiazepines i.e. restoril and ativan. MTUS does not recommend long term use of benzodiazepines. The request for 6 months of medication approval is excessive and medical necessity cannot be affirmed. There is no indication as to why the IW needs to be monitored every month, the goals of treatment, or at what point the care can be transferred back to primary provider. Additional information is needed to establish medical necessity. Also, the exact doses of the medications intended to be continued and the quantity has not been provided in the request.