

Case Number:	CM14-0001196		
Date Assigned:	01/22/2014	Date of Injury:	04/05/2001
Decision Date:	03/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine and is licensed to practice in California and 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 physician 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:

Records reviewed include 360 pages of medical and administrative records. The claimant is a 47 year old male whose date of injury is 04/05/2001. He lifted a heavy table and experienced sudden onset back pain. His diagnoses are thoracic/lumbosacral neuritis/radiculitis unspecified, and major depressive disorder single episode, severe, with psychotic features. He also suffers from GERD, hypertension, obstructive sleep apnea, irritable bowel syndrome and diabetes mellitus. He underwent spinal fusion on 11/28/05, which failed. The patient had attended 39 group therapy and 35 individual cognitive behavioral therapy, reportedly without objective improvement. He has been under the care of a psychiatrist. Medications include Lunesta 2mg at bedtime, Topamax 75mg at bedtime, and Wellbutrin IR 150mg twice per day. 06/14/10 Agreed Medical Re-exam in Psychology: Testing showed findings consistent with significant clinical depression and in the severe range of subjective anxiety. MMPI indicated that the patient had a tendency to translate emotional experiences into physical complaints, thus intensifying feelings of upset related to the actual injury. He may be inclined towards somatization.

Recommendations included continuing psychotherapy to assist in stabilizing the acute affective distress, and ongoing monthly psychotropic medication management. 09/13/13 PR2 by [REDACTED], clinical psychologist. Patient reports medications have positive effect on his mood. Medications are Lunesta 2mg QHS, Topamax 25mg QHS, and Wellbutrin SR 150mg BID. 10/25/13 PR2 by [REDACTED], clinical psychologist. He reports intrusive nightmares diminishing his level of sleep, feels pessimistic, and sensitive to anything sad in his environment. Weekly CBT was recommended, as well as weekly group and monthly medication management for the ensuing 3 months. He was diagnosed with major depressive disorder, single

episode severe with psychotic features. Medications are Lunesta 2mg QHS, Topamax 25mg QHS, and Wellbutrin SR 150mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacology management x3 visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits

Decision rationale: The Physician Reviewer's decision rationale: The patient suffers from major depressive disorder, single episode severe, with psychotic features. He is currently receiving Wellbutrin SR 150mg BID, Topamax 25mg QHS, and Lunesta 2mg QHS. Psychopharmacology management is indicated in order to assess the patient's status relative to medication efficacy and the occurrence of any adverse events, as well as to make any changes necessary in keeping with his current condition. In addition, each medication has its own indication and must be monitored both individually and in relation to those prescribed alongside. As such, psychopharmacology management x3 visits is authorized every 2 months.