

<b>Case Number:</b>	CM14-0010543		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Child & Adolescent 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 injured worker is a 72 year old male who was injured at work on 1/19/2006. He suffered a cumulative trauma during his work duties. He subsequently complained of pain in his cervical spine, both shoulders, both wrists, lumbar spine, right knee, both ankles/feet, as well as psychological issues. Mental health symptoms included anxiety and sadness, low motivation, low energy, anhedonia and decreased libido. The injured worker was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Insomnia, Hypoactive Sexual Desire Disorder, and Psychological Factors Associated with Medical Conditions. Treatment included physical therapy, and analgesic medications. Surgical treatment included cervical spine surgery in 2006, and left carpal tunnel release in 2008. As of the 12/17/13 progress report, the treating physician documented that the injured worker continues to experience persisting depression and anxiety. He is prescribed the medications Wellbutrin and Restoril. The previously prescribed medications Ritalin and Ambien were discontinued. A request for six monthly sessions for psychotropic medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 MONTHLY SESSIONS FOR PSYCHOTROPIC MEDICATION MANAGEMENT:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

**Decision rationale:** MTUS is not applicable. The ODG indicate that office visits for medication management in psychiatry can be an important component of an overall comprehensive treatment plan for individuals suffering from chronic pain associated with mental health symptoms of depression and anxiety. The frequency and duration of sessions is determined by the severity of symptoms, whether there has been a referral for testing or for psychotherapy, and missed days of work. In addition, there is a need for medication management in order to assess the clinical progress, address the need for medication adjustments, as well as monitor for any adverse side effects. The injured worker is prescribed the antidepressant medication Wellbutrin and Restoril. There is a need for follow-up medication management in order to provide safe quality of care. However, the request for 6 monthly office visits is premature at this stage. It would be appropriate to recommend 3 once a month follow-up appointments, with the frequency of subsequent office visits determined by the objective clinical progress of the injured worker, which might not require once a month sessions, but could be spaced out, for example to once in 2-3 months, instead of monthly. The request for 6 monthly medication management appointments is therefore not medically necessary