

<b>Case Number:</b>	CM14-0016489		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 61-year-old male with a 1/20/11 date of injury. At the time (1/2/14) of request for authorization for decision for monthly psychotropic medication management and medication approval, one session per month for six months, there is documentation of subjective findings of depressed and tearful. Objective finding is not specified. The current diagnoses include chronic adjustment disorder with mixed anxiety and depressed mood, psychological factors affecting medial conditions, and major depressive disorder. The treatment to date includes medications: Prozac, Ativan, Lunesta, and Cialis. The medical report identifies that the patient has been taking medications for more than two years and it is medically necessary to continue taking meds for patient's well-being.

### 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 & Stress, Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Office visits.

**Decision rationale:** The MTUS/ACOEM states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. The Official Disability Guidelines (ODG) identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of a diagnosis of chronic adjustment disorder with mixed anxiety and depressed mood, psychological factors affecting medical conditions, and major depressive disorder. In addition, given documentation of a rationale that the patient has been taking medications (including Prozac, Ativan, and Lunesta) for more than two years and it is medically necessary to continue taking meds for patient's well-being, there is documentation that the patient is receiving psychotropic medications. However, there is no (clear) documentation of functional improvement as a result of medication use to date. In addition, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for decision for monthly psychotropic medication management and medication approval, one session per month for six months is not medically necessary.