

<b>Case Number:</b>	CM14-0110622		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 51 year old male who was injured at work on November 28, 2006. His place of work was robbed at gunpoint. Since then, he has suffered severe symptoms of Post-Traumatic Stress Disorder (PTSD) and later developed Major Depression. The injured workers symptoms included nightmares, flashbacks, fear, startle, depressed mood, and suicidal ideation. He has undergone psychotherapy treatment, and is prescribed psychotropic medications Celexa, Klonopin, Abilify, and Ambien by a psychiatrist. As of the May 29, 2014 progress report, the treating psychiatrist reported that the patient's mood had undergone some improvement, but he continued to suffer poor memory and concentration, and was overeating in response to increased anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychopharmacology management 1 x month for three months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress, PTSD pharmacotherapy.

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

**Decision rationale:** MTUS is not applicable. The Official Disability Guidelines indicates that psychiatric medication management is an important component of the overall treatment plan for individuals suffering from PTSD and Major Depression. The frequency and duration of appointments and treatment is determined by the severity of symptoms, if there has been a referral for testing, if there are missed days of work, for medication adjustments and monitoring of vital signs, and in case there are adverse side effects. The previous UR decision utilized the Psychotherapy guidelines to limit the number of sessions requested. However, this is inappropriate, as the request is not for psychotherapy but for psychiatric medication management. The Office visit guideline would have been more appropriate. The injured worker is on a complex combination of psychotropic medications which need regular monitoring due to potentially lethal side effects. The request for three office visits once a month would be clinically appropriate based on the progress report on 5/29/14. There has been some functional improvement, and there needs to be regular medication supervision, so that the decision should be overturned as the request is medically necessary.