

<b>Case Number:</b>	CM14-0113298		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50 year old female who reported injury on 08/31/2011. The mechanism of injury was not submitted in the report. The injured worker had diagnoses of unspecified depressive disorder with anxiety. There was no documentation of prior medical treatment. There was no diagnostics submitted in the report. The injured worker complained of having no money for pharmacy copay and was out of medication. There was no evidence in report suggesting any type of pain the injured worker was in or injuries. Physical examination dated 02/11/2014 revealed that the injured worker was calm, had no suicidal ideation or overt psychotropic symptoms. There were no medications documented in the submitted report. The treatment plan was for the injured worker to continue psychotropic medication management, 6 sessions and a decision for medication approval. It was unspecified which medication. The rationale was not submitted for review. The Request for Authorization Form was submitted on 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions Psychotropic Medication Management, once monthly: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** There was no evidence in report suggesting any type of pain the injured worker was in or injuries. The California Medical Treatment Utilization Schedule (MTUS) state that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines stipulate that initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The submitted report lacked any evidence of physical medicine treatment. There also lacked evidence of any objective functional deficits. The submitted report revealed that the injured worker was seeing a psychiatrist, but it was unclear as to how often, how long, or if the injured worker had benefited from the sessions. Furthermore, the request submitted was for 6 visits over a course of 6 months. Guidelines recommend an initial trial of 3 to 4 visits over 2 weeks. As such, the request for 6 sessions for psychotropic medication management is not medically necessary.

**Medication approval (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The request for medication approval (unspecified) is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. The submitted report dated 02/11/2014 indicated that current psychotropic medications consisted of Prozac. Given that the above medication, guidelines for antidepressants for chronic pain were cited. The request as submitted lacked any indication as to what medication the provider was requesting. The request also lacked the duration, the frequency, and a dosage. As such, the request for medication approval is not medically necessary.