

<b>Case Number:</b>	CM14-0129548		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Addiction Medicine, also has a subspecialty in Geriatric Psychiatry 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 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:

Records reviewed include 97 pages of medical and administrative records. The injured worker is a 53 year old female whose date of injury is 10/13/1999. Her diagnoses are major depressive disorder single episode moderate to severe nonpsychotic, and pain disorder due to both psychological factors and a general medical condition. The nature of her injury is not specified. She is being treated with medication management by [REDACTED]. On 07/22/13 the patient presented with depression and anxiety, she was on Luvox 50mg at bedtime. Beck Depression Inventory (BDI)=40, Beck Anxiety Inventory (BAI)=34. On 11/10/13 On PR2 the patient's BAI=50, BAI=43. She was depressed and anxious with OCD symptoms, irritability, low self-esteem, periodic crying, irritability, social withdrawal, and suicidal ideation. Response to Luvox was poor, Lexapro 10mg was prescribed. On 01/27/14 PTP progress note: BDI=53, BAI=42. Her symptoms were the same except for the absence of suicidal ideation. It was noted that her husband suffered from esophageal CA. Lexapro was now at 20mg and she felt it to be helpful. On 07/07/14 PR2 she felt under severe stress due to her husband's esophageal CA. Symptoms above were unchanged, no suicidal ideation. She complained of sleep disturbance. BDI=55, BAI=35. She was prescribed Lexapro 20mg and Trazodone 50mg was added. No further records were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management With BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory) One Time A Week every 6 Weeks for 52 Weeks: Overturned**

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

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

**Decision rationale:** CA MTUS 2009, Chronic Pain Medical Treatment Guidelines is silent regarding medication management with BDI and BDI. ACOEM guidelines were used in the formulation of this decision. Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. The patient continues to suffer from major depressive disorder with ongoing symptoms of depression and anxiety, along with stress associated with her husband's esophageal cancer. She was not receiving response from Luvox, was switched to Lexapro 10mg, was increased to 20mg with the addition of Trazodone. The Beck Inventories are scales by which the patient rates subjective symptoms of depression and anxiety. Additional medication management sessions with BDI and BAI are appropriate given the severity of the patient's scores and her ongoing symptoms and stressors. As such, the request for Medication Management With BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory) One Time A Week every 6 Weeks for 52 Weeks is medically necessary and appropriate.