

<b>Case Number:</b>	CM14-0174442		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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:

Injured worker is a 61 year old female with date of injury 02/08/2007. Date of the UR decision was 10/03/2014. She encountered work related orthopedic injuries. Report dated 8/1/2014 listed subjective complaints as very depressed, tearful and was sleeping 6 hours a night. It was suggested that she had not been seen since 02/13/2014 due to lack of Insurance company authorization. She was diagnosed with Panic Disorder without Agoraphobia; Major Depressive Disorder, Single Episode Moderate and Psychological Factors Affecting Medical Condition. She was being prescribed Paxil 20mg in the mornings #30 for depression; Abilify 10 mg at bedtime #30 for depression and Lunesta 3mg #30 at bedtime for insomnia. It was indicated that the injured worker had been continued on the same medications for a year and that it was medically necessary to continue these medications per the treating provider. Her Beck inventory scores suggested severe levels of depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotropic Medication Management and Approval 1 Sessions per Month for 6 Months:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Office visits

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. 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 they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable Physicians' judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. "Submitted documentation suggests that the injured worker has been diagnosed with Panic Disorder without Agoraphobia; Major Depressive Disorder, Single Episode Moderate and Psychological Factors Affecting Medical Condition. She was being prescribed Paxil 20mg in the mornings #30 for depression; Abilify 10 mg at bedtime #30 for depression and Lunesta 3mg #30 at bedtime for insomnia. It was indicated that the injured worker had been continued on the same medications for a year. The injured worker has been prescribed the same medications for a year and these medications do not require close monitoring. The request for Psychotropic Medication Management and Approval 1 Sessions per Month for 6 Months is excessive and not medically necessary.