

<b>Case Number:</b>	CM14-0183035		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 American Board of Family Practice 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, with a reported date of injury of 05/15/2011. A case of beer fell on the left side of the injured worker's face. He felt dazed and had immediate pain in his head. The current diagnosis includes bipolar disorder. The past diagnosis includes insomnia-type sleep disorder due to pain. Treatment has included pain medications, cervical spine surgery, electromyography/nerve conduction study (EMG/NCS) of the lower extremities, electronystagmogram (ENG), vestibular autorotation test (VAT), and a neuropsychological evaluation. The injured worker has also been treated with medications, which include Zoloft 50mg twice a day for depression, Ativan 2 mg twice a day for anxiety, Cialis 20mg daily as needed for sexual dysfunction, and Ambien CR 12.5mg at bedtime for insomnia. In the progress report (PR-2) dated 07/03/2014, the treating physician reported that the injured worker had been taking these medications for almost a year, and that it was medically necessary for him to continue taking the medications for his wellbeing. The medical report from which the request originates is not in the records. However, the medical report dated 09/19/2014, the clinical neuropsychologist noted that the injured worker's primary physical complaint is constant neck pain. The injured worker complained of having migraine headaches throughout the month. He also noted that relies on sleep medications to help him fall asleep at night. The clinical neuropsychologist recommended that the injured worker remain in treating with the treating psychiatrist, and that he should continue to receive psychotherapy. It was noted that the injured worker seems to benefit from processing his emotions and having someone to talk to. It was recommended that the injured worker receive twelve (12) to sixteen (16) psychotherapy sessions to treat ongoing psychiatric symptoms, and that he continue with medication management sessions with his treating psychiatrist. On 10/03/2014, Utilization Review (UR) modified the request for monthly psychotropic medication management times six (6) to monthly psychotropic

medication management times four (4). The UR physician noted that the injured worker does appear to benefit from psychotherapy, has pain, depression, and anxiety. If there is a favorable response, then there should be a request for additional sessions per the guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**monthly psychotropic medication management sessions (6-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychologic treatment Page(s): 101-102.

**Decision rationale:** Psychological treatment is recommended for patients for treatment of chronic pain and other diagnoses such as depression and anxiety. Periodic evaluations and monitoring of medications is appropriate as the medically necessary by the treating physician. Medication management can't be determined on a month-to-month basis. Request for six management sessions advance is not medically necessary.