

<b>Case Number:</b>	CM14-0023601		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Child and Adolescent 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 42 year old male who suffered an injury to his left hand at work on 7/14/2011 when a bungee cord broke and struck his hand. It led to severe chronic pain, and a diagnosis of Reflex Sympathetic Dystrophy. Subsequently, he experienced symptoms of depression in addition to chronic pain. His symptoms included depressed mood, insomnia, frequent nightmares, panic attacks, sweating, racing heart beat, decreased interest in activities, chronic irritability, and avoidance of contact with other people and avoidance of traveling. He received outpatient individual psychotherapy with a psychologist and psychotropic medication management with a psychiatrist in California before he moved to Montana in early November 2013. He was also receiving treatment by Pain Specialists. He was seen most recently in 2/4/14 by a provider in a pain management center, who referred him for a psychiatric evaluation. On 2/17/2014 he was seen by a psychiatrist for an initial psychiatric evaluation in Montana. The objective mental status examination findings included the patient holding his left hand in a chronic flexed position, dysphoric mood, and blunted affect. The injured worker reported having made an unreported suicide attempt in the past by overdosing on medication. The diagnosis was Post Traumatic Stress Disorder (PTSD) and Major Depression. The prescribed medications included Trazodone 200mg at night, Lexapro 30mg twice a day, Melatonin 5mg at night and Klonopin 1mg twice a day. A request for follow-up psychiatric medication management was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT:** 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).

**Decision rationale:** MTUS is not applicable. The Official Disability Guidelines recommend that ongoing medication management is a critical role in the proper monitoring of the prescribing of psychotropic medications. The injured worker has documented mental diagnoses of PTSD and Major Depression for which he is prescribed four different psychotropic medications. Based on the consensus of the published peer-reviewed medical literature, the complexity of this medication regimen should be managed under the care of a psychiatrist. However, as there is no specified number of medication management sessions requested, therefore the request is not medically necessary.