

<b>Case Number:</b>	CM14-0023961		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 35 year old male injured on 06/20/12 when he was thrown from a forklift resulting in fractures to his fibula and tibia. Current diagnoses include major depressive disorder, chronic low back pain, right knee strain, psychological problems resulting in difficulty sleeping, status post right ankle removal of hardware, microscopic protein urea, schizoid personality disorder, avoidant personality disorder, and schizotypal disorder. A psychiatric independent medical examination (IME) performed on 08/23/13 indicates the injured worker was being prescribed Wellbutrin 150mg and Atarax 25mg for diagnoses of depression and attendant insomnia. It is also noted there was no evidence of psychotic thought disorder or any delusional ideation. The clinical note dated 09/23/13 indicates the injured worker presented reporting decreased symptoms of depression, anxiety, and difficulty sleeping. There is no discussion regarding the medication management at that time. The clinical note dated 12/04/13 indicates the injured worker presented reporting completion of seven sessions of physical therapy with no changes or improvement since previous office visit. The injured worker complained of continued right foot pain rated at 6-7/10, right ankle pain 6-7/10, and lumbar spine pain rated at 6/10 aggravated with prolonged activities. Objective findings included antalgic gait, muscle guarding of the lumbar spine with painful limited range of motion and musculature tenderness. There was also tenderness to palpation of the spinous process. Examination of the knee revealed mild popping/crepitus during range of motion on the right, medial joint tenderness noted. Ankle and foot examination revealed tenderness to palpation over the right inner ankle, hypersensitivity over the right ankle scar, and painful motion. The treatment plan included prescriptions for Anaprox 550mg twice daily, Omeprazole 20mg 1-2 tablets daily, Vicodin 500mg 1-2 tablets Q 4-6 hours, right ankle stirrup brace, and continuation of physical therapy. The initial request for

psychiatric medication management x 6 sessions once a month was initially non-certified on 02/10/14.

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

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

#### **PSYCHIATRIC MEDICATION MANAGEMENT X 6 SESSIONS ONCE A MONTH:**

Upheld

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

**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 & Stress, Office visits.

**Decision rationale:** As noted in the Mental Illness and Stress Chapter of the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. The determination is also based on what medications the injured worker is taking since some medicines such as opiates, or medications such as certain antibiotics, require close monitoring. The clinical documentation indicates the injured worker originally was utilizing Wellbutrin and Atarax for depression and insomnia; however, the most recent clinical documentation indicated the injured worker was experiencing a decrease in depressive and sleep disorder symptoms. Furthermore, the documentation does not address if the injured worker was utilizing medications requiring psychiatric management. As such, the request for psychiatric medication management x 6 sessions once a month cannot be recommended as medically necessary at this time.