MAXIMUS Federal Services

Case Number:	CM14-0039505		
Date Assigned:	06/27/2014	Date of Injury:	03/12/2005
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Psychiatry, Neurology, and Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 117 pages of medical and administrative records. The injured worker is a 58 year old female whose date of injury is 03/12/05, occurring while loading a suitcase into a car. She underwent surgical procedures, with other therapies including physical therapy, pain management, activity modification, and home exercise. She has had psychotherapy and psychotropic medication management. Her diagnosis is major depressive disorder single episode severe. In a letter of 01/18/14 from [redacted], he notes that the patient had begun to show some improvement in the past couple of months as a function of medication changes from [redacted] (psychiatrist) and psychotherapy, and that in the last few weeks her medications had been abruptly discontinued. He felt that it is dangerous for the patient to be without her medication as she had again become depressed with suicidal ideation, totally immobilized in functional capacity, and was experiencing severe pain levels again. He also felt that the patient was at great risk towards acting out suicidal. The patient saw [redacted] on 02/10/14, at which time she was on Bupropion 450mg per day, Escitalopram 40mg per day, Norco 10-325 up to 6 per day as needed, Oxycontin 60mg three times per day, Sumatriptan 100mg as needed, and Venlafaxine 450mg per day. The patient felt improvement in mood evidenced by not spending all day every day in bed, she was getting out of the house "some". The patient reported that her medications were not authorized and she had to pay [redacted] out of pocket to get them last time. [redacted] opined in a letter of 03/13/14 that the patient may be at risk to harming herself and felt that she was destabilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic Medication between 3/2/14-5/4/14: 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 & Stress, MDD Treatment, severe presentations.

Decision rationale: Based on records reviewed it is unclear when or if the patient actually stopped taking her medications. As of her last visit of 02/10/14 with [redacted], she was still being prescribed Bupropion, Escitalopram, and Venlafaxine. There are no standardized test scores to determine the patient's overall status regarding her depressive disorder. There was no documentation provided to show what symptoms the patient was experiencing, and there was no documentation of subjective complaints by the patient regarding depressive symptoms, or her level of impairment. There was no evidence from records provided that the patient was acutely suicidal. There was little in the way of subjective/objective reporting by either the physician or the patient to show the efficacy of the medication. The request for psychotropic medication is unclear, that is, the specific psychotropic medication itself was not requested. Therefore, the request is not medically necessary.CA-MTUS 2009, ACOEM, and ODG do not reference "psychotropic" medications. Individual medications are referenced, therefore guidelines for major depressive disorder treatment, severe presentation (ODG) was utilized: Recommend options as indicated below. Professional standards call for treatment planning to be based on the severity of the presentation of MDD (American Psychiatric Association, 2006), but the standards do not provide an adequate definition of what is involved in a severe presentation. (American Psychiatric Association, 2000) . A "severe" manifestation is defined as involving most of the diagnostic features for a major depressive episode, and a similarly severe presentation of impairment. (American Psychiatric Association, 2000) Treatment options: A. Medication: The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) B. Psychotherapy in combination with medication: The American Psychiatric Association's standards note that Cognitive behavioral psychotherapy (CBT) may be considered as part of a combined treatment plan for severe presentations of MDD. (American Psychiatric Association, 2006).