

Case Number:	CM14-0053085		
Date Assigned:	09/12/2014	Date of Injury:	01/13/2006
Decision Date:	10/23/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This is a 52-year-old female with a 1/13/06 date of injury. A specific mechanism of injury was not described. According to a psychology report dated 3/31/14, the patient reported intense anxiety and depression. He has been on a partial psychotropic medication regimen for 2 months. The third month, the medication was denied, and he has been going through withdrawals. Objective findings: increased withdrawal symptoms with the abrupt denial of medications, emotional condition has become unstable and passive suicidal thoughts have returned, exacerbation of psychiatric symptoms. Diagnostic impression: major depressive disorder, psychological factors affecting medical condition, insomnia. Treatment to date: medication management, activity modification, psychotherapy, physical therapy. A UR decision dated 4/8/14 modified the request for monthly psychotropic medication management for 6 months to certify 3 monthly sessions. This will allow the requesting provider to provide additional detail and subsequent reports for consideration of ongoing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic medication management; one session per month for six (6) months:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is noted that the patient's psychiatric symptoms have exacerbated and she is going through withdrawals due to lack of psychotropic medications. Her condition has become unstable and passive suicidal thoughts have returned. Psychotropic medication management is appropriate at this time. However, this is a request for 6 months of medication management. The UR decision dated 4/8/14 modified this request to certify 3 months of medication management. Regular monitoring of the patient's response to medications, side effects, functional improvement, and mental status findings are necessary for the continued use of psychotropic medications. Therefore, the request for Monthly Psychotropic medication management; one session per month for six (6) months was not medically necessary.