

Case Number:	CM14-0067105		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2013
Decision Date:	08/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Texas. 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 52 pages of administrative and medical records. The injured worker is a 45 year old male whose date of injury is 07/16/2013. His diagnosis is major depressive disorder, recurrent severe. On 12/12/13, [REDACTED] reported that the patient complained of sleep disturbance, chest/neck/right head pain daily, black out which he described as everything going dark and more responsive to person, time, situation, or place. At that time the patient was on Prozac 40mg, Cardura 4mg at night, Risperdal 0.25mg, and Neurontin 30mg(?strength). On 03/04/14 [REDACTED] reported that the patient complained of anxiety and depression, trauma experience, short intervals of sleep then awakening with pain in the chest, head, and legs. He was receiving psychotherapy twice per month. On 04/04/14 [REDACTED] reported that the patient had been hospitalized due to chest pain. He apparently had not slept in 48 hours due to being out of his medications. He was tense and agitated, but not at risk. On 04/09/14 he was diagnosed with post-traumatic stress disorder and depression not otherwise specified. Medications included Neurontin up to 1600mg per day for anxiety and pain, Prozac 80mg daily, Cardura 1mg two at night to help reduce nightmares, Risperdal 0.25mg twice per day for auditory hallucinations and racing thoughts, and Trazodone 50-150mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy biweekly for 6 months: 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, Cognitive therapy for depression. Mental Illness & Stress, Cognitive therapy for PTSD.

Decision rationale: The patient was said to suffer from major depressive disorder and post-traumatic stress disorder (PTSD). He is prescribed psychotropic medication for these conditions. There is mention of auditory hallucinations and racing thoughts, however the nature of these is unknown from records provided. He has been receiving psychotherapy, but there are no quantitative scales from which to form a baseline level of functioning. The patient's depressive and post-traumatic symptomatology is not well described. There is no documentation to show functional improvement, in fact there is no evidence to show that the patient is receiving any benefit from psychotherapy at all for either condition. There are no remarks made as to objective signs of improvement in symptoms. It is unclear when the patient began psychotherapy and how many sessions he has received to date. The requested treatment is not medically necessary and appropriate.

Continued consults with [REDACTED] for Psychotropic medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The patient's diagnosis is major depressive disorder, recurrent severe and PTSD. Medications included Neurontin up to 1600mg per day for anxiety and pain, Prozac 80mg daily, Cardura 1mg two at night to help reduce nightmares, Risperdal 0.25mg twice per day for auditory hallucinations and racing thoughts, and Trazodone 50-150mg at night. Given the patient's medication regimen, continued consultations for medication management are in order to assess dosing, efficacy, side effects, and any drug:drug interactions. As stated above, symptoms for both diagnoses were not well delineated and it is difficult if not impossible to assess the efficacy of any treatment, be it psychotherapy or medication management, without some form of ongoing subjective and objective reporting. In addition, quantitative scales such as the Beck Depression Inventory would be in order to show whether or not there is improvement in the patient's symptoms. Based on information given there appears to be some benefit to the patient from his medication regimen, as such continued consults for psychotropic medication management are appropriate. However, when making this request for authorization there should be a specified number of consults over a specified period of time. As such, this request is not medically necessary and appropriate.