

<b>Case Number:</b>	CM14-0070672		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/14/2003
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 44 year old female who suffered an injury at work on 11/14/2003. The injured worker sustained an injury affecting her neck and subsequently underwent an anterior discectomy and fusion, as well as surgeries on both shoulders and bilateral carpal tunnel releases. The injured worker developed depression secondary to reporting chronic headaches and pain. For the treatment of depression she underwent individual psychotherapy, and psychiatric medication management. Medications include Wellbutrin, Abilify, Lamictal and Klonopin. The treating provider has requested monthly psychotropic medication management one time six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management 1 x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 15 Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that the provision of psychiatric medication management is an important component of a comprehensive treatment plan for individuals suffering from significant depression. The frequency of office visits is dependent on the injured worker's severity of symptoms, response to medications, need for medication adjustments, side effects, and assessment of work functioning. The documentation indicates that the injured worker has been stable on the psychotropic medications for several years. Due to the mental stability, in the absence of any recent deterioration in symptoms, crises, or serious medication side effects, there is no compelling rationale for utilizing monthly medication management sessions. Instead, appointments can be scheduled once every two to three months. The request for monthly psychotropic management sessions is therefore excessive, and is not medically necessary on this basis.