

Case Number:	CM14-0088495		
Date Assigned:	07/23/2014	Date of Injury:	02/08/2007
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/12/2014

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 Child & 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 61 year old female who was injured on February 8, 2007. The mechanism of injury is not specified in the accompanying documentation. She subsequently was diagnosed with Major Depression and Panic Disorder without Agoraphobia. The injured worker has been prescribed psychotropic medications for the past five years. The injured worker is taking the medications Paxil, Abilify, and Lunesta. As of the December 3, 2013 progress report by the treating physician, the injured worker was experiencing continued depressed mood and anxiety, with symptoms of tearfulness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and medication approval, one session per month for 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 and stress chapter, for office visits guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: MTUS is not applicable. The ODG guidelines indicate that psychotropic medication management is an important component in the overall treatment plan for individuals suffering from symptoms of depression and anxiety. The frequency and duration of visits is determined by the severity of symptoms, whether a referral for testing was made, missed days of work, for medication adjustments, and for adverse side effects. The injured worker is diagnosed with Major Depression and Panic Disorder. She is prescribed a medication regimen which requires psychiatric medication monitoring. It would be appropriate for an initial two to three visits once a month, with subsequent visits on a frequency to be determined later. This is because after three visits, the injured worker may not require once a month office visits, but instead may be more appropriate for a frequency of follow-up once every 2 - 3 months. The request for six sessions of Monthly Psychotropic Medication Management And Medication Approval is therefore, premature at this point, and is not medically necessary on this basis.