

<b>Case Number:</b>	CM15-0194252		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 36-year-old male, with a reported date of injury of 11/13/2009. The diagnoses include lumbar postlaminectomy syndrome, brachial neuritis and radiculitis, chronic pain, unspecified backache, and major depressive disorder, severe, recurrent, without psychotic features. Treatments and evaluation to date have included Norco, Ativan, Lorzone, group therapy (not helpful), and Paxil. The diagnostic studies to date have included a urine drug screen on 05-29-2015. The progress report date 08-28-2015 indicates that the injured worker reported that he had pain in his back with radiation down both legs. He also reported headaches and numbness in his left leg. The objective findings include isolation, agitation, anger, anxiety, intrusive thoughts, avoidance, nightmares, panic attacks (1-2 per day), loss of energy, fatigue, loss of interest, excessive sadness, hopelessness, guilt, problems with attention, concentration, and memory, problems with sleep, and change in eating habits; no hallucinations or delusions; no suicidal or homicidal ideations; and passive thoughts of death. The psychometric testing showed severe depression, severe anxiety, not daytime sleepiness, high somatic symptom severity, and catastrophizing all the time. The treatment plan included the continuation of psychotropic medication management. The request for authorization was dated 09-01-2015. The treating physician requested outpatient psychotropic medication management in house. On 09-08-2015, Utilization Review (UR) non-certified the request for outpatient psychotropic medication management in house.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychotropic medication management in house (duration and frequency not submitted):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

**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/ Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible". The injured worker suffers from chronic pain and has been diagnosed with major depressive disorder, severe, recurrent, without psychotic features and is being prescribed psychotropic medications including paxil and Ativan. The most recent progress report dated 08-28-2015 indicated that the injured worker continues to experience symptoms suggestive of severe depression and severe anxiety. However, the request for Outpatient psychotropic medication management in house does not specify the duration and frequency of the office visits and thus is not medically necessary.