MAXIMUS Federal Services

| Case Number: | CM15-0220437 | | |
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| Date Assigned: | 11/13/2015 | Date of Injury: | 05/02/2005 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

## 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
Certification(s)/Specialty: Psychologist

## 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 51 year old male, who sustained an industrial injury on 05-02-2005. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for major depressive disorder, panic disorder, insomnia, and chronic pain. Treatment and diagnostics to date has included psychotherapy and medications. Recent medications have included Trazodone, Levothyroxine, Gabapentin, Hydrocodone, Simvastatin, and Ibuprofen .Subjective data (10-15-2015), included "fair mood" with "fluctuating depression and frequent anxiety". The treating physician noted that he "tolerates medications well". The request for authorization dated 10-19-2015 requested medication management monthly x 6, individual cognitive behavioral therapy weekly x 6, and Trazodone. The Utilization Review with a decision date of 10-29-2015 modified the request for 6 medication management sessions to 3 medical management sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: Office Visits, March 2015 Update.

**Decision rationale:** ACOEM chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. ODG addresses Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for six sessions of medication management; the request was modified by utilization review which provided the following rationale for its decision: "taking into consideration the submitted documentation, it appears that medication management sessions are medically appropriate. The patient had ongoing complaints of anxiety and depression. Medication management is necessary for evaluating patient's individual medication necessity. However, at this time six sessions is not warranted. Sessions should be based on medication use and medication necessity the future. Therefore the perspective request for six medication management sessions is certified with modification to three medication management." This IMR will address a request to overturn the utilization review decision. The medical necessity the request was not established by the provided documentation. The frequency of the requested treatment is not stated explicitly. Is not known of the patient is to be seen based on this request once per month or more, or less, frequently. Typically patients once stabilized on psychotropic medication can be seen at a less frequent treatment intervention rate. According to the most recent request for authorization from November 13, 2015 the patient is diagnosed with Major Depressive Disorder, single episode in partial remission; Panic disorder without a court phobias; and Insomnia due to mental disorder. Psychiatric medication is listed as "Trazodone (50 mg #15) please authorize two refills of the above medication continue individual cognitive behavioral psychotherapy for meaning depression and anxiety and insomnia (with a goal to get off Trazodone)." According to a PR-2 from October 15, 2015 from the patient's primary treating physician it is noted that "patient reports fair mood. He denies pervasively depressed mood. Milligrams of trazodone. Admits to fluctuating depression and frequent anxiety." Under medication review the following medications are listed Gabapentin, hydrocodone, ibuprofen, Simvastatin, and Levothyroxine.

There is no discussion of current medication complications or extenuating circumstances that would indicate in complexity in the psychiatric medications being provided. The only issue being actively discussed i n the medical records, regarding the patient's psychiatric medications, appears to be the use of Trazodone (Desyrel) for sleep. In the absence of any documentation of complicated psychiatric medication issues the medical necessity for continued psychiatric treatment would need to be reestablished periodically. Psychiatric medication management visits are appropriate for this patient at this juncture however the quantity being requested appears to be excessive especially in the context of not knowing frequency of visits being requested. For these reasons the medical necessity of this request is not established and utilization review decision for modification to allow for three sessions is upheld.