

<b>Case Number:</b>	CM13-0040624		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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:

Patient is a 42 year old female with a history of injury 6/21/11. She has history of cervical and lumbar strain and low back pain radiating to buttocks. She also has history of depression and has received Prozac and Cymbalta in past. A request was reportedly made for psych meds, and was denied by UR on 10/15/13. An appeal was made on 10/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Affect Disorder.2011 Jun; 131(1-3):24-36.

**Decision rationale:** The source above states that receiving pharmacotherapy enhanced with psychotherapy is the most effective option for achieving remission in depression. It does not appear to be documented that the requested psych meds were made by a psychiatrist. Also specific meds were not prescribed. Based on this, the UR decision remains.