

Case Number:	CM15-0113463		
Date Assigned:	06/19/2015	Date of Injury:	02/26/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 65 year old female who sustained a work related injury February 26, 2014, related to job stress. She had worked for the city of ██████████ in middle management. There was a conflict between a commercial development director and city council member, leading to a lawsuit. The patient felt uncomfortable in the position of defending the development director against the city council. Ultimately, the city won. She then felt bullied by the development director, her workload increased, and she ultimately signed an agreement to retire in 03/2014. She developed depression with tearfulness and dislike of driving west towards ██████████ ██████████, where she had worked. She did not seek mental health treatment, but went to self-help groups at church. Past history included rheumatoid arthritis, hypertension, and GERD. In an initial psychiatric evaluation of 05/06/15, she presented with pressured speech and at an increased rate, and became mildly irritated when interrupted. Mood was sad, affect intense but congruent with mood. Thoughts were goal oriented. Recent and remote memory was intact, with insight and judgment fair. Diagnosis is depressive disorder NOS. This was her first mental health contact. Her primary physician had started Lexapro 10mg around 8 months ago. Other medications included methotrexate, Cymzia, Losartan, oxybutynin, Protonix, and Inderal. In the assessment it was stated that she was not an ideal psychotherapy candidate as she relied on repression and denial, she was ore action oriented than introspection. She did have a strong desire to move forward. Recommendations were a short course of therapy over 3-4 months. Lexapro at 10mg was felt to be inadequate, and that it should be controlled by a psychiatrist. On

05/15/15 the request for authorization of Lexapro, individual psychotherapy, and medication management were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 x 2 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, Pain Chapter (Online Version), Escitalopram (Lexapro); Mental Illness & Stress, Escitalopram (Lexapro).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lexapro, Official Disability Guidelines, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The patient suffers from depressive disorder NOS. Lexapro is a SSRI antidepressant, a first line agent recommended in the treatment of major depressive disorder. Per ODG, antidepressants are recommended for initial treatment of presentations of MDD that are moderate, severe, or psychotic, and are not recommended for mild symptoms. In her psychiatric evaluation of 05/06/15, Lexapro 10mg which was started around 8 months ago by her primary care physician. Although Lexapro was felt to be a good choice, it was also felt to be inadequately dosed and this agent should be controlled by a psychiatrist. At this time, there is no evidence that the patient has seen a psychiatrist for medication evaluation to determine if she requires medication management, and what the appropriate dose is. This request is therefore not medically necessary.

Medication Management Once Monthly x 4 Months #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding medication management, ACOEM practice guidelines, 2nd Ed (2004), Independent Medical Examinations & Consultations, Ch 7, p. 127-146.

Decision rationale: The patient was prescribed Lexapro 10mg, which was felt to be inadequately dosed per psychiatric evaluation of 05/06/15. This agent was prescribed around 8 months prior by her primary care physician, and the recommendation was for her to see a psychiatrist for medication management. Referral to a specialist is considered medically necessary when a plan of care may benefit from additional expertise, and consultation would aid in the diagnosis, prognosis and therapeutic management. Medication management by a specialist would also be indicated to determine appropriate agent and dosage, as well as potential drug: drug interactions and side effects, and monitoring for efficacy over time. The request for

once monthly medication management x4 months is not reasonable at this point, as the patient has not yet been seen for a psychiatric medication evaluation. In addition, the number of visits and frequency cannot be predetermined. This request is therefore not medically necessary.

Individual Psychotherapy Once Weekly x 3 Months #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter (Online Version), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: In the patient's psychiatric visit of 05/06/15, a short course of treatment was recommended over 3-4 months. It was noted that she is not the ideal psychotherapy candidate due to her reliance on repression and denial, and her being more action oriented rather than introspective. Per MTUS, an initial trial would be 3-4 sessions over 2 weeks. After re-evaluation, if there is evidence of objective functional improvement additional visits may be certified up to 6-10 over 5-6 weeks (individual sessions). This request however was for 12 visits once per week over 3 months, with no rationale provided such as testing (e.g. Beck Inventories, HamD, psychological testing). This request is therefore not medically necessary.