

<b>Case Number:</b>	CM15-0046544		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 66-year-old male who sustained a work related injury on October 12, 2005, incurring low back injuries resulting in chronic pain symptoms. Treatment included acupuncture therapy, home exercise program, and opiates. He was diagnosed with lumbosacral musculoligamentous sprain with disc protrusions, bilateral total knee replacements and major depressive disorder. Currently, the injured worker complained of persistent chronic low back pain. The treatment plan that was requested for authorization included monthly psychotropic medication management, one session per month for six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management 1 session per month for 6 months (6 sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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." Per report dated 12/1/2014, the injured worker has been diagnosed with unspecified depressive disorder, generalized anxiety disorder and somatic symptom disorder with predominant pain, moderate. He is being prescribed Xanax 0.25 mg once daily as needed for anxiety. Several of the prior progress reports were reviewed as well with indicate the same diagnosis and same treatment. Benzodiazepines are not recommended for use more than 4 weeks per the guidelines. The injured worker is not on any other psychotropic medications that would clinically indicate the need for close monitoring such as once monthly visits for another 6 months. Thus, the request for Monthly psychotropic medication management 1 session per month for 6 months (6 sessions) is excessive and not medically necessary.