

<b>Case Number:</b>	CM13-0027398		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/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:

The patient is a 60-year-old male who reported an injury on 11/02/2007. The mechanism of injury consisted of the patient carrying a heavy cabinet with the assistance of two other people. While attempting to complete this task, the patient turned his waist and felt a sharp pain in the low back. The documentation indicated the patient had been evaluated for cognitive behavioral therapy with a psychologist for the treatment of depression and adjustment disorder and received three prescriptions that the patient has not filled. Additionally, it was indicated the patient was being referred for counseling that had not occurred. The patient's medications included Vicodin. The request was made for outpatient medication management once per month for twelve months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT MEDICATION MANAGEMENT ONCE PER MONTH FOR 12 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** Official Disability Guidelines indicate the need for a clinical office visits with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking since some medicines such as opiates require close monitoring. The clinical documentation submitted for review indicated the requesting physician was not the physician that had prescribed the Vicodin. The Vicodin could be managed by a primary care physician. There was lack of documentation including a Division of Workers' Compensation form request for application or primary treating physician's progress report with the requested service to support the necessity for medication management visits once a month. Given the above, the request for outpatient medication management once per month for twelve months is not medically necessary.