

<b>Case Number:</b>	CM13-0038907		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 61-year-old male with a 7/29/10 date of injury. At the time (8/29/13) of request for authorization for consult for medication management for 8 visits, there is documentation of subjective (chronic neck pain and symptoms of depression including insomnia, poor appetite, loss of energy, and intermittent suicidal ideation without intent) and objective (psychomotor retardation and severe range of clinical depression) findings, current diagnoses (major depression, recurrent, severe; and pain disorder associated with both psychological factors and a chronic medical condition), and treatment to date (medications including Flexeril, Norco, and Theramine; chiropractic care, physical therapy, and cognitive behavioral therapy). Medical report plan identifies a request to start Nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONSULT FOR MEDICATION MANAGEMENT FOR 8 VISTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition (2004), Independent Medical Examinations And Consultations, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental

Medicine (ACOEM), 2nd Edition (2004), Independent Medical Examinations And Consultations, Page 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of major depression, recurrent, severe; and pain disorder associated with both psychological factors and a chronic medical condition. In addition, there is documentation of a request for patient to start Nortriptyline. However, there is no documentation of a rationale identifying the medical necessity of 8 medication management visits, which exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for consult for medication management for 8 visits is not medically necessary.