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| Case Number: | CM13-0044654 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/10/2006 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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 Medicine, and is licensed to practice in Texas and Florida. 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 65 year old who suffered a cumulative work-related injury of 3/10/06 as a shuttle bus driver. The diagnoses listed are anxiety, insomnia, myofascial pain syndrome, and low back pain. The medications listed are citalopram, trazodone, and venlafaxine for depression, Norco and Lyrica for pain, and soma for muscle spasms. The patient had completed epidural steroid injections and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR MEDICATION MANAGEMENT SESSIONS, ONE EVERY THREE MONTHS FOR A YEAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89.

Decision rationale: The California MTUS and ACOEM addressed the frequency of clinic visits for management of patient on chronic pain and psychiatric medications treatment. The patient is on multiple psychotropic and pain medications that require clinic visits to monitor medications adverse effects, check efficacy and make dosing adjustments. The frequency of the office visits

should be determined by the severity of the symptoms, the need for further testing, and psychotherapy treatments. It is recommended that monthly clinic visits be adjusted to less frequent intervals once the medication dosage and symptoms have stabilized. The recommended frequency is 1-6 month intervals. The certification for medication management sessions every 3 months has met the criteria for medical necessity.