

<b>Case Number:</b>	CM13-0054649		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 claimant is a 49 year old injured worker with date of injury 5/21/2012. Per the primary treating physician progress note dated 10/25/2013 the claimant was being followed up for chronic cervical strain syndrome secondary to an assault and facial trauma. He also has post-traumatic stress syndrome as a result of the assault. He has been doing his regular work duties and states that he continues to have some ongoing neck pain and stiffness. He is using Meloxicam, which is providing adequate symptomatic relief, and is using medication from his psychiatrist. On exam he has mild tenderness along the cervical and proximal trapezius muscles bilaterally but primarily on the right side. He has normal flexion, extension and rotation in the neck. Distal upper extremities are neurologically normal. Diagnoses include 1) chronic cervical strain syndrome 2) post-traumatic stress syndrome. Treatment plan is Meloxicam 15 mg daily. He is on regular work status. Psychiatrist prescribed medications include 1) Viibryd 40 mg a day. 2) Klonopin 0.5 mg twice daily as needed. 3) Zolpidem 10 mg at bedtime. 4) Cialis 20 mg as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management once a Month for 6 months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the ACOEM Guidelines, "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Per the letter from the claimant's psychiatrist, the claimant had been managed by telephone consultation instead of face-to-face because of a long drive for the medical appointments. The claimant is diagnosed with post-traumatic stress disorder, and has been returned to work within daylight hours for concern that working outside of daylight has triggered memories of the traumatic experience, and may cause a relapse. Medications are also of concern because without medications the claimant may have a relapse. The claimant has been making a good faith effort to stay at their job, but it has become increasingly more difficult to do so. It has been determined by the psychiatrist and the claimant that management consultation is now not effective. The claimant is agreeable to coming in for face-to-face visits for medication management. Medication management is consistent with these guidelines and the change in the claimant's work status and condition. The request for medication management once per month for 6 months is medically necessary and appropriate.