

<b>Case Number:</b>	CM13-0070692		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Psychiatry 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:

The patient has filed a claim for moderate to severe major depressive illness associated with an industrial injury of December 04, 2012. Thus far, the patient has been treated with outpatient psychiatric treatment, amitriptyline, and Ambien. Of note, patient also has low back pain radiating to both lower extremities. With regards to the low back pain, treatment includes acetaminophen, NSAIDs, Polar Frost gel, muscle relaxants, Soma, opioids, heat and cold therapy, physical therapy, chiropractic therapy, massage, and stretching. Medications as of October 2013 include lisinopril, Soma, Norco, Flector patches, and Ambien. Review of progress notes from 2013 reports symptoms of anxiety, depression, and insomnia. Ambien is able to help with sleep. Patient has loss of motivation, irritability, panic attacks, hopelessness, weight loss, and suicidal ideation. Patient has a history of suicide attempt with subsequent admission to a psychiatric facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW-UP MEDICATION MANAGEMENT VISITS (3 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medications For Subacute & Chronic Pain.

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. In this case, there is no documentation regarding recent changes in patient's medication regimen that would necessitate close monitoring. Therefore, the request for three follow-up medication management visits was not medically necessary per the guideline recommendations of ODG.