

<b>Case Number:</b>	CM14-0163379		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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 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:

62 year old male claimant sustained a work injury on 11/26/02 involving bilateral ankles and feet. He was diagnosed with lumbar disc disease, spondylolisthesis of L4-L5, annular fissure with spinal stenosis of L4-L5, pes planus, tibial tendonopathy and chronic tarsitis. He underwent multiple surgeries of the right ankle including a fusion. He additionally had depression from his injury. His symptoms had been managed with NSAIDs, Opioids, and topical analgesics. He had been receiving psychotherapy for depression. A progress note on 8/28/14 indicated the claimant had 7/10 pain in his back and ankles. He had reduced painful range of motion of the right ankle. Straight leg raise was positive on the right side. There was some swelling in the left ankle. He was continued on his medications. A subsequent request was made in subsequent months for visits - once a month for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Medication Management Visits Once a Month For 6 Months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Index, 11th Edition web, 2014 , Mental Illness & Stress, office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**Decision rationale:** According to the guidelines, office visits are appropriate as medically necessary. In this case, there was no indication which medications needed to be managed weekly, nor the complexity of the situation that required extensive and frequent monitoring. It is not routine practice for weekly follow-up even for controlled substances. There were no signs of abuse or addiction. The request for 6 Medication Management Visits Once a Month for 6 Months is not medically necessary.