

<b>Case Number:</b>	CM14-0037764		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 43 year old male injured on 08/15/11 due to undisclosed mechanism of injury. The current diagnoses included status post posteriolateral fusion of L3-4 and L4-5 on 08/31/12 and major depressive disorder. The patient's medications included Naproxen 550mg, Tramadol 50mg, Cyclobenzaprine 10mg, Omeprazole 20mg, Ambien 5mg, Xanax 25mg, Lyrica 75mg Lidoderm patches, and Norco 10-325mg per spine surgery/orthopedic surgery specialist. Prescribed Cymbalta 60mg two tablets for continued symptoms associated with major depressive disorder per psychiatric specialist. The injured worker required ongoing cognitive behavioral therapy to deal with continued depressive symptoms and management/prevention of decompensation of condition. The initial request for medication management was non-certified on 03/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management 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 they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The injured worker requires the use of Cymbalta for the treatment of symptoms related to major depressive disorder; however, there is no indication that this medication requires ongoing titration or close monitor that would indicate the need for routine medication management. Additionally, all medications are being managed by the appropriate specialist. As such, the request for medication management is not medically necessary.