

<b>Case Number:</b>	CM14-0100928		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/10/1994
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 66-year-old male, who sustained an industrial injury on June 10, 1994. The diagnoses have included major depression, single episode chronic severe and alcohol abuse. Treatment to date has included antidepressants. Currently, the injured worker complains of anxiety. In a progress note dated May 27, 2014, the treating provider reports the injured worker is anxious, in physical discomfort and has sleep disturbance due to pain. On June 18, 2014 Utilization Review non-certified a medication management with BDI and BAI one time every six weeks for a year, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management with BDI and BAI 1x every 6 weeks for one year (8yr): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES TWC MENTAL ILLNESS & STRESS PROCEDURE SUMMARY.

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

**Decision rationale:** ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG also states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible". Per report dated 8/26/2014, the injured worker has been diagnosed with major depressive disorder, single episode chronic severe and alcohol abuse and is being treated with Prozac 30 mg daily and Klonopin 0.5 mg at bedtime. The Beck Depression Inventory score was 17 and Beck Anxiety Inventory score was 40 per that report. There is no medical necessity for continued BDI and BAI to be performed at every visit. Per ODG, the goal of Psychosocial evaluations is to determine if further psychosocial interventions are indicated. Klonopin is not indicated for use more than 4 weeks per guidelines. The other psychotropic medication that the injured worker is being prescribed i.e. Prozac does not require such close monitoring as every 6 weekly visit. Thus, the request for Medication management with BDI and BAI 1x every 6 weeks for one year (8yr) is excessive and not medically necessary.