

Case Number:	CM15-0010149		
Date Assigned:	01/27/2015	Date of Injury:	07/16/2007
Decision Date:	11/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 43 year old male, who sustained an industrial injury on 7-16-2007. The medical records indicate that the injured worker is undergoing treatment for depression. According to the progress report dated 11-10-2014, the injured worker reported feeling less depressed. He does not have any crying spells. He still has psychomotor agitation, which is better. He is in a lot of pain that he describes as 8-9 out of 10. His sleep had improved, but he has drowsiness during the daytime. His concentration is still a problem. His appetite is good; he has not lost or gained any weight. He denies suicidal ideations. A mental status examination was not indicated. The current medications are Abilify, Klonopin, Trazodone, Pristiq, and Nortriptyline. Treatments to date include medication management and psychotherapy. Work status is not specified. The original utilization review (12-19-2014) had non-certified a request for 6 monthly medication management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 monthly Medication Management visits: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: CPT Procedure Code Index, Medicine/Evaluation and Management.

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: ODG 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." The injured worker has been diagnosed with Major Depressive Disorder and is being prescribed medications including Abilify, Klonopin, Trazodone, Pristiq, and Nortriptyline. Medications such as Klonopin are not indicated for long-term use and Abilify is not recommended for conditions covered by ODG. The injured worker is not on medications that would require such close monitoring needing six more office visits. Thus, the request for 6 monthly Medication Management visits is excessive and not medically necessary.