

<b>Case Number:</b>	CM15-0133331		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/05/2005
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 was a 33 year old female, who sustained an industrial injury, August 5, 2005. The injured worker previously received the following treatments Klonopin, Wellbutrin and Cymbalta. The injured worker was diagnosed with severe anxiety and depression. According to progress note of June 5, 2015, the injured worker's chief complaint was anxiety. The injured worker used a lot of Klonopin in the last month due to increased activities with her children with school and simple interactions with other adults. The injured worker was not having trouble sleeping. The injured worker had a lack of ambition with exercise and activities. The psychiatric exam noted the injured worker with a flat affect, depressed, but less anxious. The injured worker was requesting in-home help to get ready to go places, not make mistakes while in the grocery store. Then stated only wanted the husband to be the in home help because she feels most comfortable with him. The injured worker had no suicidal or homicidal thoughts. There were no psychotic or manic behaviors. The injured workers insight was limited, as well as judgment. The injured worker's cognition was grossly intact. The treatment plan included six additional medication management sessions and a new prescription of Inderal as needed for social interactions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Additional med management 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), evaluation and management, mental illness and stress chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visits. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, office visits 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 patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking. The patient was diagnosed with severe anxiety and depression and was treated with Klonopin, Wellbutrin and Cymbalta. Her condition and medications require periodic follow up. However the June 2015 note documented that the patient was stable and the need for additional medication management was not clear. Therefore, the request for Additional med management 6 sessions is not medically necessary.

### **Inderal 20mg #15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hypertension, FDA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frohlich, E. D. (2009). "Role of beta-adrenergic receptor blocking agents in hypertensive diseases: personal thoughts as the controversy persists." *Ther Adv Cardiovasc Dis* 3(6): 455-464.

**Decision rationale:** Inderal is a beta blocker used to treat hypertension, coronary artery disease and essential tremor. There is no documentation that the patient was diagnosed with hypertension or any other indication for inderal. Therefore, Inderal 20mg #15 is not medically necessary.