

<b>Case Number:</b>	CM15-0182589		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 34 year old male, who sustained an industrial injury on 5-17-2012. The injured worker was diagnosed as having major depressive disorder, single episode, moderate, and insomnia due to mental disorder. Treatment to date has included diagnostics, physical therapy, left knee surgery 10-2013, psychological treatment, and medications. Currently (8-21-2015), the injured worker reports "feeling even better". He continued to be anxious about the possibility of having cancer, but at the same time he admitted to stable mood and sleeping good without Trazadone. He reported that he "learned a lot of techniques how to sleep better and how to control my mood in therapy". He denied side effects from the use of Effexor. The use of Effexor was noted for at least one year. Exam noted him as cooperative, without psychomotor agitation-retardation, less depressed and slightly anxious, and less forgetful. His Global Assessment of Functioning score was 64 (62 on 7-10-2015 and 6-05-2015). Work status was modified per the primary treating physician report (8-27-2015). Per the request for authorization dated 8-24-2015, the treatment plan included Effexor XR 75mg #30, 6 sessions of weekly cognitive behavioral therapy, and 6 sessions of monthly medication management. On 9-01-2015, Utilization Review modified the sessions of monthly medication management to x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly medication management 6 monthly 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), 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) 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, single episode, moderate, and insomnia due to mental disorder and is being prescribed medications including Effexor and Trazodone for the same, which do not require close monitoring. The request for Monthly medication management 6 monthly sessions is excessive and not medically necessary. It is to be noted that the UR physician authorized 3 more office visits.