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| Case Number: | CM15-0021031 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 07/12/1991 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 07/12/1991. On progress note dated 01/07/2015 the injured worker was as reported depressed mood, anxiety and insomnia. The diagnoses have included recurrent major depression. Treatment to date has included medications. Treatment plan included medication management. A prescription dated January 7, 2015 is for Klonopin 1 mg TID as needed for anxiety. A progress report dated December 3, 2014 indicates that the patient was using Klonopin at that time. A report dated November 5, 2014 states the trazodone was discontinued as the patient was not using it. On 01/15/2015 Utilization Review non-certified Medication management x 3. Non-MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management x 3: Overturned

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), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for a follow-up visits for medication management, California MTUS does not specifically address the issue. ODG cites that "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, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. 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 the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking controlled substance medication that warrants routine reevaluation for efficacy and continued need. The patient has been on these medications for quite some time with no indication that they will be discontinued within the next few months. In light of the above issues, the currently requested follow-up visits for medication management are medically necessary.