

Case Number:	CM15-0217353		
Date Assigned:	11/09/2015	Date of Injury:	03/16/2009
Decision Date:	12/28/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 49-year-old male who sustained an industrial injury on 03-16- 2009. According to a report dated 08-28-2015, the injured worker reported feeling slightly better and more stable. Sleep was fair. He reported fluctuating severity of depression, anhedonia, decreased concentration, attention, memory, hopelessness, helplessness and anxiety. Passive suicidal thoughts happened about once a month. He denied side effects from Effexor, Wellbutrin or Trazodone. He continued to see a new psychologist and stated that he learned many techniques to better control his anxiety and depression. Medication review included Duexis, Advil, Omeprazole and Gabapentin. Assessment included major depressive disorder single episode partial remission, anxiety disorder not otherwise specified in partial remission, sleep apnea, chronic pain, physical injury, disability and financial hardship. The treatment plan included continuation of Effexor, Trazodone and Wellbutrin. Work status was deferred to primary treating physician. On 10-26-2015, Utilization Review non-certified the request for medication management monthly for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management monthly for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: The request is for #6 monthly medication management sessions for his Effexor, Trazodone and Wellbutrin for depression. The patient's current condition was noted to be slightly better and more stable. There is insufficient information submitted regarding the patient's psychological status. Reports vary from occasional suicidal ideation to entirely unremarkable presentation and examination findings. Additional information concerning the patient's condition by the UR, however it was not forthcoming. Rationale is not established for the medical necessity of monthly medication management visits for 6 months.