

Case Number:	CM15-0055224		
Date Assigned:	04/16/2015	Date of Injury:	11/30/2009
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 47 year old male, who sustained an industrial injury on 11/30/2009 involving bilateral wrist and left elbow pain. Diagnoses included bilateral carpal tunnel syndrome, numbness, and depression. Treatments to date have included radiographic imaging, diagnostic studies, surgical intervention of the right hand, psychotherapy, conservative care, medications and work restrictions. He did not achieve complete pain resolution. He currently complains of chronic bilateral wrist and left elbow pain and depression. An psychiatric evaluation of 01/20/2015 showed that the patient has increased anxiety and distress that he was unable to do prior activities such as sports and yard work. He had crying spells, erectile dysfunction, and had experienced episodes of shortness of breath and palpitations. Diagnoses were major depressive disorder recurrent with anxiety disorder. Medications were Zoloft 100mg, Ambien 10mg, Klonopin 0.5mg, and Abilify 5mg was added. UR of 02/24/15 modified a request for 6 medication management visits to three visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 6 visits-once a month for 6 months: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits.

Decision rationale: The California MTUS is silent regarding medication management visits. According to the Official Disability Guidelines, regarding office visits, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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, since some medicines 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 the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient." The patient suffers from major depressive disorder with anxiety as well as chronic pain. He is being treated with multiple medications including an antidepressant, 2nd generation antipsychotic, benzodiazepine, and nonbenzodiazepine sedative-hypnotic. Office visits are essential while a patient is on medications to monitor for side effects, efficacy, drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency and number of these visits is based on the individual and what medication is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. Therefore, this request is not medically necessary.