

<b>Case Number:</b>	CM14-0120496		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 37-year-old female who has submitted a claim for depressive disorder, personality disorder not otherwise specified, cervical/thoracic strain, lumbosacral strain, left shoulder impingement syndrome, and bilateral carpal tunnel syndrome associated with an industrial injury date of 1/17/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of increased irritability, marked pre-occupation with her health condition, severe headaches, bilateral upper extremity shooting pain, numbness, and crying spells. She was upset because of her inability to work. Her energy level and sex drive were diminished. She felt inadequate and depressed. Mental status examination showed a marked frustrated patient with poorly controlled feelings of anger and depressed mood. Treatment to date has included speech therapy, memory therapy, physical therapy, acupuncture, and medications such as Topiramate and topical creams. Utilization review from 7/17/2014 modified the request for office/outpatient visits for medication management qty: 24 into 12 visits as management for depression to meet guidelines recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office/outpatient visits for medication management QTY: 24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Patients with Major Depressive

Disorder, American Psychiatric Association Practice Guidelines, 2010 Psychotherapy for Major Depressive Disorder, [www.odgtreatment.com](http://www.odgtreatment.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

**Decision rationale:** As stated on pages 7-8 of CA MTUS Chronic Pain Medical Treatment Guidelines, using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of increased irritability, marked pre-occupation with her health condition, severe headaches, bilateral upper extremity shooting pain, numbness, and crying spells. She was upset because of her inability to work. Her energy level and sex drive were diminished. She felt inadequate and depressed. Mental status examination showed a marked frustrated patient with poorly controlled feelings of anger and depressed mood. Current treatment plan includes psychotherapy and refill of medications such as Topiramate and topical creams. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. However, there is no discussion as to why 24 visits should be certified at this time. Therefore, the request for office/outpatient visits for medication management qty: 24 is not medically necessary.