

Case Number:	CM14-0128641		
Date Assigned:	08/18/2014	Date of Injury:	09/24/2013
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 33-year-old female with a 9/24/13 date of injury and status post right carpal tunnel release on 6/19/14. At the time (7/18/14) of request for authorization for medication management x3, there is documentation of subjective (chronic neck pain radiating into the right cervicobrachial area and into the wrist; right wrist pain in the volar aspect with numbness and tingling into the hand; and depression/anxiety secondary to chronic pain) and objective (symptoms of major depressive disorder) findings, current diagnoses (cervical disc displacement, neck pain, cervicobrachial syndrome, carpal tunnel syndrome, major depressive disorder, and pain disorder due to both psychological factors and a general medical condition), and treatment to date (medications (Vicodin, Norco, Tylenol, Gabapentin, and Flexeril), corticosteroid injections, and myofascial trigger point injections). Medical report identifies a request for 3 sessions of medication management as the injured worker's emotional distress warrants pharmacologic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office visits

Decision rationale: MTUS reference to ACOEM states "given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile." ODG identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement, neck pain, cervicobrachial syndrome, carpal tunnel syndrome, major depressive disorder, and pain disorder due to both psychological factors and a general medical condition. In addition, given documentation of a request for 3 sessions of medication management as the injured worker's emotional distress warrants pharmacologic intervention, there is documentation that referral for medication evaluation may be worthwhile based on individualized case review and assessment, with an intention for proper diagnosis and return to function of an injured worker. However, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for medication management x3 is not medically necessary.