

Case Number:	CM14-0166129		
Date Assigned:	10/13/2014	Date of Injury:	03/12/2009
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of March 12, 2009. A utilization review determination dated September 24, 2014 recommends non-certification of medication management #8 with modification to #4, Beck Depression inventory #8, and Beck Anxiety inventory #8. A progress note dated September 8, 2004 identifies subjective complaints of migraine headaches reduced on topiramate, stable and benefiting from current medications, no side effects noticed, and no new psychiatric symptoms reported. The patient reports stable anxiety and depression, and decreased nightmares. Physical examination identifies moderate dysphonia. The diagnoses include major depression disorder, moderate, generalized anxiety disorder with panic attacks, pain disorder associated with psychological factors and a general medical condition, insomnia secondary depression and pain, and psychological factors affecting medical condition: gastrointestinal, hypertension. Current medications include Wellbutrin 150 mg, Topamax 50 mg, Clonopin 1 mg, trazodone 100 mg, and viibryd 20mg. The treatment plan recommends that since the patient is stable on the current medications that the medication should be continued in order to avoid relapse/deterioration of the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management #8: Upheld

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 Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for medication management #8, 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 multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 8 office visits cannot be predicted with a high degree of certainty. Fortunately, there is provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested medication management #8 is not medically necessary.

Beck Depression Inventory #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, BDI Â® - II (Beck Depression Inventory-2nd edition)

Decision rationale: Regarding the request for Beck Depression Inventory #8, ODG cites that Beck Depression Inventory evaluation is recommended as a first-line option psychological test in the assessment of chronic pain patients, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines state that the evaluation is Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Within the documentation available for review, it is noted that the patient has stable symptoms of depression. It is unclear how the results of the Beck Depression Inventory assessment has or will impact the patient's current treatment regimen. In light of the above issues, the currently requested Beck Depression Inventory #8 is not medically necessary.

Beck Anxiety Inventory #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter,

Decision rationale: Regarding the request for Beck Anxiety Inventory #8, ODG cites that psychological evaluations are recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Within the documentation available for review, it is noted that the patient has stable symptoms of anxiety. It is unclear how the results of the Beck Anxiety Inventory assessment has or will impact the patient's current treatment regimen. In light of the above issues, the currently requested Beck Anxiety Inventory #8 is not medically necessary.