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| <b>Case Number:</b>   | CM14-0182856 |                              |            |
| <b>Date Assigned:</b> | 11/07/2014   | <b>Date of Injury:</b>       | 03/05/2006 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, hip, and neck pain with derivative complaints of depression reportedly associated with an industrial injury of March 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications; and unspecified amounts of psychological counseling over the course of the claim. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for one medication management visit monthly. The claims administrator stated that the MTUS Guideline in ACOEM Chapter 15 did not adequately address the topic and invoked non-MTUS Blue Cross Guidelines. The claims administrator suggested that a Medical-legal Evaluation be performed on the grounds that the current treating provider had reportedly failed to adequately document the applicant's psychological deficits. The applicant's attorney subsequently appealed. In a September 12, 2014 psychological evaluation, the applicant was described as having ongoing issues with major depressive disorder (MDD) with resultant Global Assessment of Functioning (GAF) of 50. The applicant had a variety of mental health issues, it was acknowledged. The applicant was isolated, bored, irritable, and having mood swings. The applicant was no longer working as a nurse, was bored, socially isolated, and now divorced, it was acknowledged. The applicant was using Effexor, Cymbalta, tramadol, Soma, Lortab, metformin, glyburide, and Lyrica, it was further noted. The applicant complained that she was having difficulty obtaining timely approvals for Effexor and Cymbalta. The applicant was 70 years old, it was noted. A variety of modalities were recommended, including periodic medication evaluation and monitoring at a rate of once a month. There was no duration set on how many months of medication management visits were being sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication evaluation 1 x per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Anthem Blue Cross (2013), Behavioral Health Medical Necessity Criteria, Psychiatric Outpatient Treatment, Medication Management; page 43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of mental health follow-up visits should be determined by the severity of an applicant's symptoms and/or whether or not an applicant is missing work. Here, however, the attending provider has made an open-ended request for medication management at a rate of once monthly, without forming any plan to evaluate the applicant at various points in the midst of treatment so as to reassess the severity of the applicant's symptoms. If, for instance, the applicant's mental health issues diminish in severity following introduction and/or resumption of psychotropic medications, then the frequency of follow-up visits should be appropriately diminished. Conversely, if the applicant's mental health complaints were to intensify, then more frequent office visits would be indicated. The request, thus, as written, runs counter to MTUS principles and parameters as it does not include a proviso to re-evaluate the applicant to determine the severity of symptoms which would, in turn, justify more or less frequent medication management visits. Therefore, the request is not medically necessary.