

<b>Case Number:</b>	CM14-0058609		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/22/1996
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71 year old male, who sustained an industrial injury on 10/22/1996. According to a progress report dated 03/27/2014, subjective complaints included constant neck pain and stiffness, numbness and tingling of the arms, hand and fingers, bilateral shoulder pain with limited range of motion, bilateral wrist pain, right elbow pain, right knee pain and popping and left knee pain with clicking, popping and giving away. Diagnoses included musculoligamentous sprain of the cervical spine with left radiculitis, tear of the rotator cuff left shoulder, recurrent tear of the rotator cuff left shoulder with repeat MRI, bilateral trigger thumb, carpal tunnel syndrome bilateral wrists moderate to severe, cubital tunnel syndrome right elbow, tear glenoid labrum and bicipital tendinitis right shoulder, disc osteophyte complexes, cervical disc bulges, possible synovial cyst right 3rd ray, Dupuytren's contracture possible right hand, disc osteophyte complexes, partial thickness tear of the rotator cuff right shoulder and acromioclavicular joint right shoulder. Treatment to date had included medications, physical therapy, right and left shoulder surgeries, steroid injection, right 3rd trigger finger release and repeat right third trigger finger release. Prescriptions were written for Ibuprofen, Methocarbamol, Tramadol, Hydrocodone/APAP, Flurbiprofen/Cyclobenzaprine/Menthol cream, Omeprazole and Cyclobenzaprine. He is has been diagnosed with major depression and is taking multiple anti-depressants and an hypnotic. The injured worker alternated between Tylenol and Motrin due to stomach irritation. The treatment plan included a physical fitness program, continued use of TENS unit, physical therapy for the neck and right shoulder, MRI of the left knee. Currently under review is the request for 8 medication management sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 Medication Management Sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - frequency of visits Page(s): 89. Decision based on Non-MTUS Citation Official Disability GuidelinesMental - MDD treatment.

**Decision rationale:** MTUS Guidelines does not directly address this for the individual with recalcitrant major depression. However, the same principles for medication management would apply as those that are recommended for chronic opioid medication management. These are potent medications that need to be monitored closely and potentially adjusted or changed on a fairly frequent basis due to side effects or ineffectiveness. The MTUS Guidelines allow for a frequency of visits from every month to every 6 months depending on circumstances. This request for 8 visits - 1 every 6 weeks is consistent with Guidelines and general practice standards. The request for 8 visits for medication management is medically necessary.