

<b>Case Number:</b>	CM15-0011757		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 64 year old female, who sustained an industrial injury on September 8, 2008. The details of the injury and immediate symptoms were not documented in the reviewed medical record. She has reported sleep difficulties, depression, and anxiety. The diagnoses have included major depressive disorder and insomnia. Treatment to date has included medications, a sleep study and psychotherapy. A progress note dated October 7, 2014 indicates a chief complaint of continued sleep problems. The physician noted the injured worker appeared depressed and anxious. The treating physician requested prescriptions for Prozac, Ativan, Restoril and Atarax, and monthly psychotropic medication management and approval for six months. On December 24, 2014 Utilization Review certified the request for the prescriptions. The Utilization Review partially certified the request for the medication management with an adjustment to a period of three months, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management and approval x 6 months:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain procedure summary

**Decision rationale:** According to the ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. In this case the patient has been treated for depression and anxiety with multiple psychotropic medications and remains symptomatic. Further management by a specialist with monthly office visits is indicated.