

<b>Case Number:</b>	CM15-0112322		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male, who sustained an industrial injury on 5/17/2012. He reported lifting a base for scaffolding, and hyperextending his left knee. The injured worker was diagnosed as having major depressive affective disorder, single episode, moderate, and insomnia related to pain and depression. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. Currently, the injured worker complains of increased anxiety after being told that there was something on his abdominal images. He reported no change in his improved symptoms of depression and reported sleeping well. He was currently taking Effexor and Trazadone. Other medications included Hydrocodone and Ibuprofen. The treatment plan included 6 monthly medication management sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 monthly medication management sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work-related injury in May 2012 and continues to be treated after sustaining injuries to the left knee. He has depression and anxiety. Current medications have been prescribed since at least May 2015. Office visits are recommended as determined to be medically necessary. 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. Patients with pain who are managed with controlled substances can be seen monthly, quarterly, or semiannually. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the claimant's medications appear unchanged over the past several months and his condition is chronic. Requesting monthly visits for medication management for the next 6 months is excessive and not medically necessary.