

<b>Case Number:</b>	CM15-0127709		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, New York, 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 applicant is a represented 43-year-old [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), chronic pain syndrome, and insomnia reportedly associated with an industrial injury of January 20, 2011. In a Utilization Review report dated June 12, 2015, the claims administrator partially approved a request for seven monthly medication management visits as one monthly medication management visit. Non-MTUS ODG Guidelines were invoked in the determination, as were an RFA form of June 8, 2015 and a progress note of April 17, 2015. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing issues with chronic low back pain, shoulder pain, neck pain, headaches, and depression. The applicant was receiving group therapy and was using Wellbutrin for his depressive symptoms. The applicant was given trigger point injections in the clinic. The applicant was not working, it was reported. Norco, Wellbutrin, and tramadol were endorsed. The applicant was asked to continue Wellbutrin. Twelve sessions of physical therapy were sought. The applicant was asked to consult a pain management physician. On February 19, 2015, the applicant's primary treating provider (PTP) suggested that the applicant pursue a psychiatry referral owing to ongoing issues with anxiety, depression, and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management monthly x7: Upheld**

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

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

**Decision rationale:** No, the request for seven medication monthly management visits was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly framed as a request for seven psychotropic medication management visits. However, the MTUS Guideline in ACOEM Chapter 15, page 405 stipulates that the frequency of follow-up visits should be predicated on the severity of an applicant's symptoms. Here, thus, the request for seven consecutive monthly management visits was at odds with ACOEM principles and parameters. If, for instance, the applicant's mental health issues responded favorably to psychotropic medications such as Wellbutrin, then the frequency of psychotropic medication management visits could be reduced. Conversely, if the applicant were to deteriorate from a mental health perspective and, for instance, became suicidal, then the applicant would likely require follow-up visits much more frequently than once per month for each of the next seven months. The request, thus, as written, was at odds with MTUS Guideline in ACOEM Chapter 15, page 405. Therefore, the request was not medically necessary.