

Case Number:	CM15-0078874		
Date Assigned:	04/30/2015	Date of Injury:	04/05/2002
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old female who sustained an industrial injury on 04/05/2002. Diagnoses include depression, cervical disc inoperable, lumbar disc and radiculitis right arm. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, acupuncture, and cognitive therapy. A physician progress note dated 04/02/2015 documents the injured worker was taken off the Cymbalta because it was not helping her. She will be started new on Brintellix, and continued on Nuvigil and Wellbutrin. The injured worker needs ongoing psychiatric care and treatment to alleviate effects of the industrial injury. Treatment requested is for medication management; once a month x 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management; once a month x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation and Office visits.

Decision rationale: ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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." The patient is diagnosed with depression, cervical disc disease inoperable, radiculitis and lumbar disc disease. The patient is on Nuvigil, Wellbutrin and Brintellix. They have a treating psychiatrist of record documented and demonstrate due to the chronic nature of his pain and depression monthly monitoring is medically necessary over a six-month period; however the most recent records state that the patient is doing well. The UR modified the request to allow for 2 months, which is appropriate. As such, the request for 6 sessions of psychotropic medication management once a month for six months is not medically necessary.