

<b>Case Number:</b>	CM15-0096530		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/14/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 62-year-old male whose date of injury is 07/14/2001. Diagnoses include major depressive disorder and generalized anxiety disorder. Treatments to date have included oral medications. PR2 of 03/12/2015 was handwritten and somewhat illegible. It indicates that due to workplace injuries, the injured worker stated that he had his "ups and downs." He referred to the broken mirror concept again. Quality of life was rated 6-7/10. The objective findings include decreased Xanax intake, he tried to "tough it out", a rating of 6-7/10 for the effectiveness of medications, and his report of trying to stay active. His PHQ-9 was 7. Medications included Xanax 0.5mg prn, bupropion 5mg per day, viagra 50mg prn, and Prazosin. UR of 05/14/15 modified this request to 2 psychopharmacotherapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychopharmacotherapy every 5-6 months: 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), Mental Illness & Stress Chapter, (updated 3/35/15), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychopharmacotherapy. Official Disability Guidelines, Mental Illness & Stress, Office Visits. 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 ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient.

**Decision rationale:** Medication management visits are considered medically necessary to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency and number of these visits is based on the individual and what medication the patient is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set frequency of office visits cannot be predetermined. In addition, UR of 05/14/15 certified 2 visits, which do not appear to have been used per documentation provided. This request is therefore not medically necessary at this time.