

Case Number:	CM13-0001889		
Date Assigned:	12/04/2013	Date of Injury:	12/20/2010
Decision Date:	01/15/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who reported an injury on 12/20/2010. The patient is currently diagnosed with general anxiety, recurrent depression, PTSD, and attention deficit. The patient was recently seen by [REDACTED] on 10/04/2013. It was noted that the patient demonstrated good sleep hygiene and coping skill application. The patient completed 12 authorization sessions of cognitive behavioral therapy. Treatment recommendations include continuation of current medications and an authorization request for 6 additional visits over the next 12 weeks of cognitive behavioral therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines state behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or

physical dependence. California MTUS Guidelines utilizes ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has been previously treated with 12 sessions of cognitive behavioral therapy. Documentation of significant functional benefit was not provided for review. There have been no changes to the patient's complaints of pain, physical examination findings, nor a reduction in medication usage. Therefore, ongoing treatment cannot be determined as medical appropriate. Therefore, the request is non-certified.

Adderall 10mg #90 for DOS 7/2/2013 through 9/3/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Weaning stimulants, and FDA, U.S. Food and Drug Administration <http://www.fda.gov> Adderall and Adderall XR (amphetamines) Information: Adderall and Adderall XR are medications used to treat attention-de

Decision rationale: The U. S. Food and Drug Administration list Adderall and Adderall XR as medications that are used to treat attention deficit and hyperactivity disorder. There is no indication that this medication is also recommended for the use of depression or chronic pain. According to the clinical notes submitted, the patient has been utilizing this medication for several months. As there is no clinical recommendation of this medication for depression, the ongoing use cannot be determined as medically appropriate. Additionally, the patient's subjective complaints as well as physical examination reveal no changes despite the ongoing use of this medication. As such, the request is non-certified.

Klonopin 1mg #90 for DOS 7/2/2013 through 9/3/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Index, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines stated benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient has been continuously utilizing this medication. Despite the ongoing use, the patient's subjective complaints and objective findings have not changed. As guidelines do not support the use of benzodiazepine for longer than 4 weeks, the continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

