

Case Number:	CM13-0011849		
Date Assigned:	06/06/2014	Date of Injury:	04/13/2010
Decision Date:	07/31/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Psychiatry 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 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/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 an 81 year old female with date of injury on 4/10/2010. The date of UR decision was 8/4/2013. Mechanism of injury is described as cumulative injuries resulting in neck pain, back pain and numbness in arms and legs. Progress Report dated 04/10/2010 suggested that he started experiencing stress, depression, anxiety, difficulty sleeping and upset stomach. A report from 2/26/2014 suggested that he denied having depression, anxiety, suicidal attempts or trouble sleeping. Psychiatric report from 08/15/2013 suggested that the injured worker has received at least 7 sessions of psychotherapy. It is indicated that she has been tried on various psychotropic medications such as Zoloft, Buspar and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO ADDITIONAL YEARS OF BEHAVIORAL COGNITIVE PSYCHOTHERAPY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: Injured worker is an 81 year old female who had an industrial injury resulting in neck pain, back pain and numbness in arms and legs. The progress report from 04/10/2010 indicated that he started experiencing stress, depression, anxiety, difficulty problems and upset stomach. Psychiatric report from 08/15/2013 suggested that the injured worker has received at least 7 sessions of psychotherapy. California MTUS states that 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. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 7 psychotherapy sessions, with no clear evidence of objective functional improvement. The request for 2 additional years of cognitive behavioral therapy, unspecified frequency or duration is not medically necessary at this time. The request for psychotherapy for 2 more years is excessive.

30 ZOLPIDEM 5 MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment.

Decision rationale: The progress report from 04/10/2010 suggested that he started experiencing stress, depression, anxiety, difficulty sleeping and upset stomach. Psychiatric report from 08/15/2013 suggested that the injured worker has received at least 7 sessions of psychotherapy. It is indicated that she has been tried on various psychotropic medications such as Zoloft, Buspar, and Zolpidem. The report from 2/26/2014 suggests that he denied having depression, anxiety, suicidal attempts or trouble sleeping. Thus, it appears that she has been prescribed Zolpidem at least since 8/15/2013 or longer. ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for Zolpidem 5 mg #30 with 2 refills is not medically necessary as it is not indicated for long term treatment of insomnia.