MAXIMUS Federal Services

Case Number:	CM13-0014915		
Date Assigned:	04/23/2014	Date of Injury:	03/12/2009
Decision Date:	06/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational Medicine, has a subspecialty in Preventative Medicine 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 a 52 year old female with an injury date of March 12, 2009. The medical record associated with the request for authorization, a primary treating physician's progress report, dated January 30, 2014, lists subjective complaints as anger, anxiety, depression, impaired concentration and memory, sleep disturbance and social anxiety. Subjective physical complaints were chronic pain, difficulty breathing, gastrointestinal distress, headaches, severe back and leg pain, musculoskeletal pain and palpitations. Objective findings included agitation, anger, psychomotor agitation, depression and impaired concentration. According to a psychiatrist report dated January 29, 2014 the patient is benefiting from cognitive behavioral psychotherapy. It is unknown how many treatments she has had up to that date. There was no evidence in the medical records provided for review that the patient had ever been previously prescribed Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY COGNITIVE BEHAVIORAL SESSIONS QUANTITY: 24 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral Interventions.

Decision rationale: Both the California MTUS Chronic Pain Treatment Guidelines and the Official Disability Guidelines recommend cognitive behavioral therapy. The Official Disability Guidelines-Psychotherapy Guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks as individual sessions. A partial certification for a trial of cognitive several therapy was authorized in the initial utilization review. Although there is evidence in the medical record that the patient is benefiting from cognitive behavioral therapy, it is unknown how many previous sessions she has attended and the request is for more sessions then is recommended by the ODG. The request is not medically necessary.

MONTHLY MEDICATION MANAGEMENT (IN MONTHS) QUANTITY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illnes and Stress Chapter, Office Visits

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines cited above, patients with complex conditions with multiple comorbidities including psych disorders should be referred to a psychiatry specialist, including for the purpose of medicine therapy. Six visits for medication management is appropriate due to the complexity of the patient's condition and likely need for longer term medication management. Although the California MTUS Chronic Pain Treatment Guideline does not provide a specific quantity of visits, six visits are likely to be necessary in light of what is already chronic psychopathology. The Official Disability Guidelines cited above recommend office visits as medically indicated. The request is medically necessary.

KLONOPIN 1MG TABLETS QUANTITY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The request is not medically necessary.