

<b>Case Number:</b>	CM13-0017465		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 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 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 53-year-old female, who suffered emotional injury as well as injury to her groin and abdomen on 10-11-2001. She has suffered from anxiety and depression and has been treated with Clonazepam, bupropion, Lunesta and Cymbalta. She has been treated with Clonazepam and Lunesta for much longer than six weeks. She has been treated with Cognitive Behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Clonazepam 1mg # 90:** 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 Page(s): 24.

**Decision rationale:** This patient has been on Clonazepam for far longer than six weeks. Clonazepam is a benzodiazepine. According to the Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase

anxiety. As such, Clonazepam is not medically necessary as it has already been used for this patient over six weeks which is not in keeping with guidelines as detailed above. The request for Clonazepam 1 mg # 90 is not medically necessary and appropriate.

**Request for Lunesta 3 mg # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, (ODG), Evidence Based Medicine..

**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, Insomnia Treatment Section. .

**Decision rationale:** Lunesta is considered a non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), and a first-line medication for insomnia. The Official Disability Guidelines indicate that that patients do better in the long term if medication is stopped after 6 weeks and only cognitive behavioral therapy (CBT) is continued during an additional 6-month period is an important new finding. Since Lunesta has been used for this patient far longer than six weeks it is not medically necessary per the guidelines detailed above. The request for Lunesta 3 mg, # 60 is not medically necessary and appropriate.

**Request for Medication Management #12: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102, 127. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Mental Illness and Stress, Office visits..

**Decision rationale:** The Chronic Pain Guidelines indicate that benzodiazepines, such as Clonazepam should not be used more than 4-6 weeks. Clonazepam can't be stopped abruptly and it seems reasonable per these guidelines to allow medication management visits for tapering of Clonazepam as well as to monitor the patient's safety, symptoms and any other psychiatric medications that may be used to help get and keep the patient off of Clonazepam. The Official Disability Guidelines (ODG) indicate that office visits are recommended. The guidelines also indicate that evaluation and management 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 American Psychiatric Association Practice Guidelines states, "In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding

that a patient is partially responsive or unresponsive to a specific intervention [II]." This reviewer notes that national standards of care require that the patient receives a minimum of eight medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Clonazepam. Further, this patient was noted to have suicidal ideation. It would be necessary for the patient to see the prescriber at minimum eight times per year. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. Further, Clonazepam is a benzodiazepine and is recommended for short term use, and the prescriber would need to see the patient no less than 8-12 times per year in order to diligently work toward weaning that medication. The request for medication management #12 is medically necessary and appropriate.

**Request for twelve (12) psychotherapy sessions: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the treating provider should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs, and consider separate psychotherapy cognitive behavior therapy (CBT) referral after 4 weeks if lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 6-10 visits over 5-6 weeks (individual sessions). Although the patient benefitted from the psychotherapy, had decreased depressive symptoms and a better outlook on life, she has already had more than ten visits which is the total specified by the guidelines as detailed above. As such, more than ten visits are not medically necessary per the guidelines. The request for twelve (12) psychotherapy sessions is medically necessary and appropriate.