

Case Number:	CM13-0019730		
Date Assigned:	06/06/2014	Date of Injury:	04/04/2012
Decision Date:	07/31/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

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:

A 56 year old female injured worker with date of injury of 4/4/12 related to multiple falls. Per a 3/14/13 progress report, it was noted that since her injury she had been experiencing depression and anxiety symptoms including irritability, insomnia, attention, memory, and concentration deficits. She also developed stress-related physical symptoms including headache, hair loss, neck/shoulder/back muscle tension/pain, nausea, shortness of breath, chest pain, peptic acid reaction, abdominal pain/cramping, constipation, and possible stress-aggravated asthma, high blood pressure, diabetes, and cerebrovascular accident. The injured worker was diagnosed with depressive disorder NOS with anxiety and mental confusion with paranoid psychotic elements; and psychological factors affecting medical condition. Her medications have included Bupropion, BuSpar, Diazepam, ProSom, Norco, and Vicodin. The medications did help relieve her anxiety, insomnia, and pain. She previously had psychotherapy and other counseling from 1996 to 2003 to deal with the loss of her fiancé. She found this treatment beneficial. There was a possible suicide attempt when the injured worker drove off the road and it was stated that she may have been psychotic. Her Beck Anxiety Inventory score was 53, indicating severe anxiety. The Beck Hopelessness Scale score was 15, indicating severe hopelessness. She also underwent a personality assessment inventory, and in summary, the tests confirmed abnormal levels of anxiety, hopelessness, and depression. She has been treated with physical therapy, and medication management. The date of UR decision was 8/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONE (1) TIME EVERY OTHER WEEK; 13 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: MTUS Guidelines state 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. ODG Guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. One should consider a separate psychotherapy cognitive behavioral therapy (CBT) referral after 4 weeks if there is a lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, for a total of up to 6-10 visits over 5-6 weeks. Upon review of the submitted documentation, it is gathered that the injured worker has had psychotherapy sessions prior to the injury for other reasons, however the request for 13 sessions exceeds the initial trial recommendations. As such, the request is not medically necessary.

VALIUM 5MG #60 1 BID, TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN, 13-16.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state the following regarding benzodiazepines: 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 develop rapidly. Tolerance to anxiolytic effects occur within months, and long-term use may actually increase anxiety. The guidelines do not support the use of this medication for over 4 weeks. As such, the request is not medically necessary.

PROSOM 2MG #30 1-QHS, TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state the following regarding benzodiazepines: 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 develop rapidly. Tolerance to anxiolytic effects occur within months, and long-term use may actually increase anxiety. The guidelines do not support the use of this medication for over 4 weeks. The request for 2 refills exceeds guideline recommendations and is therefore not medically necessary. The guidelines do not support the use of this medication for over 4 weeks. As the request is for a 3 month supply i.e. Prosom 2 mg qhs #60 with 2 refills is not medical necessary.