

Case Number:	CM13-0021519		
Date Assigned:	11/13/2013	Date of Injury:	05/31/2012
Decision Date:	01/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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's date of injury is 5/31/12 due to an assault. Diagnosis given was post traumatic stress disorder. She apparently suffered a shoulder injury and had surgery on her shoulder on 1/28/13. The most recent provider report was dated 10/10/13 per [REDACTED]. It indicates that the claimant has subjective symptoms of frequent intrusive flashbacks, anger, anxiety, nightmares and depression. She was receiving cognitive behavioral therapy (CBT) treatments, breathing and relaxation exercises. [REDACTED] notes that the claimant has improved, but require more CBT treatments. She goes on to itemize more subjective symptoms of the claimant. It is noted that [REDACTED] failed to include any objective findings such as complete, serial mental status examinations at every visit and perhaps brief psychological testing instruments from base-line to current mental and functional status. The claimant had six CBT treatments certified June, 2013 with sixth treatment scheduled for mid-August, 2013. Per [REDACTED] in the prior medical review, the claimant has had over 52 psychotherapy sessions since the date of injury. There is no more recent objective clinical data than the report of 10/10/13. All clinical data to this point is self-reported symptoms of the claimant with absence of recent objective clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional weekly CBT treatments for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 23, 101.

Decision rationale: The MTUS define functional improvements either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. There is a lack objective clinical data noted in the past and especially recently to support additional CBT treatments requested as weekly for three months. [REDACTED] reports, including the most recent one dated 10/10/13, are built primarily around what the claimant is subjectively experiencing, which of course is important and most likely accurate. However, in order to form a reasonable treatment plan, the treating clinician should evaluate the patient and gather objective clinical findings that substantiates the diagnosis which is then evidence based. The fact that the claimant is also improving is only supported by what the claimant reports and not by any serial mental status examinations that clearly documents her functional status based on the findings. What the clinician observes must be noted and documented. The claimant has already apparently had 52 plus CBT treatments with no clinical documentation of functional improvements noted. The request for further CBT treatments is not medically necessary and appropriate.

Lorazepam 1mg #8 with 3 refills: Upheld

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

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

Decision rationale: Per MTUS Guidelines for Chronic Pain Medical Treatment, benzodiazapines 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There are insufficient objective clinical findings to support the continued, chronic use of benzodiazapines for the claimant who may by this time be dependent on this medication. Prior reviews non-certified the request for lorazepam and suggested using prior approved lorazepam to wean off of this medication in a timely fashion. The request for lorazepam is not medically necessary and appropriate.

