

Case Number:	CM13-0029684		
Date Assigned:	11/01/2013	Date of Injury:	03/27/2007
Decision Date:	01/21/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 Neurology, has a subspecialty in Geropsychiatry, Addiction Medic 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:

This is a 51 year old female who sustained a slip and fall injury on March 27, 2007 resulting in cervical disk displacement. She subsequently underwent multiple surgeries followed by physical therapy. She is reported to have suffered psychological symptoms related to the injury consisting of depression, anxiety, irritability and sleep disturbance. She was diagnosed with depression not otherwise specified with anxious features. Psychiatric records are scant. She appears to be permanent and stationary since at least November 2012. Those that are provided indicate that the patient has been taking Klonopin 0.5mg since at least August 2012, at one point three times per day. It appears that at this time she is on once daily (QD) dosing. As of November 2013 her last psychiatric evaluation shows that the Klonopin is effective at containing the patient's level of anxiety. There is no mention in records provided of the patient having received any psychotherapy in any modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

individual psychotherapy, 6-12 sessions over 12-24 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines.

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

Decision rationale: The claimant's original injury was March 27, 2007. Although she was said to have suffered concomitant psychological symptoms of depression, anxiety, irritability, and sleep disturbance her condition was formalized to permanent and stationary status as of November 2012. There is no corroborating data/records to support any change in her condition which would now, some 15 months later, warrant the initiation of individual psychotherapy. As noted in the CA-MTUS guidelines 2009 separate psychotherapy would only be initiated if there's a lack of progress from physical medicine alone. Consequently there is no medical necessity here and the request is denied.

Klonopin 1mg twice a day, #60, for 12-24 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Clonazepam.

Decision rationale: As noted, in the CA-MTUS 2009 guidelines Klonopin comes from the class of medications benzodiazepines. This class is utilized as sedative-hypnotic-anxiolytic-anticonvulsant and muscle relaxant medications. Tolerance to the anxiolytic effects of these medications occurs very rapidly, often within months, and as such they are not recommended for long term use. This claimant has been on such medications for over a year and a half with no records to support the need for continuing use. As such there is nothing to substantiate the continuing medical necessity for this medication, and the request is denied.