

<b>Case Number:</b>	CM13-0030349		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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:

This case involves a 62-year-old female injured on 10-18-2007. She has been treated with Latuda 40mg at bedtime #30, Ambien 10mg at bedtime #30, Lexapro 20mg a day #30, and Xanax 0.5 mg. The Xanax is as needed for panic symptoms. She has been on Ambien since at least December of 2012. She has been diagnosed with carpal tunnel syndrome, chronic pain due to trauma, and tenosynovitis of the hand and wrist. Psychiatrically she has had crying spells and irritability. She has been diagnosed with insomnia, adjustment disorder with anxiety, chronic pain syndrome, depression and anxiety. She has cannabis dependence, continuous. The medical diagnoses include mixed hyperlipidemia, heart murmur, myalgia and myositis. The issues at hand are the medical necessity of 12 psychology sessions and Ambien 10mg, 1 tablet at bedtime, #30, with three (3) refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**twelve (12) psychology sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Behavioral interventions Page(s): 9, 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate 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. The Official Disability Guidelines indicate that for chronic pain, there should be screenings for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines also indicate that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The provider should consider separate psychotherapy cognitive behavioral therapy (CBT) referral after four (4) weeks, if there is 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 total of up to 6-10 visits over 5-6 weeks (individual sessions). These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case, there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Further in this case, there is no evidence in the records provided of any psychotherapy being done, certainly not an initial trial of 3-4 psychotherapy visits over 2 weeks. As such it is not possible to assess any increase in function from the psychotherapy trial. Twelve (12) psychotherapy sessions exceeds the guideline recommendation of an initial trial of 3-4 psychotherapy visits over 2 weeks and as such are not medically necessary per MTUS.

**Ambien 10mg, one (1) tablet at bedtime, #30, with three (3) refills:** 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), Treatment index, 11th Edition (web), 2013, Pain Chapter, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Chapter on Pain (Chronic), section on Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines indicate that treatment be based on the etiology, and that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The guidelines also indicate that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The employee has been on Ambien since at least 12/2012. Ambien was denied on 09-11-13. She has been on Ambien far longer than the guideline recommendation. As such, Ambien is not medically necessary.