

Case Number:	CM13-0033832		
Date Assigned:	12/06/2013	Date of Injury:	01/31/2013
Decision Date:	02/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 58 year old injured worker with a date of injury January 31, 2003. The patient complains of pain in the Lower Back Left and Right knee. The patient has been experiencing this pain for 10 years and reports pain on an average of about 2/10. As of October 21, 2013 medications were: Lyrica 150 mg capsule 1 every 8 hours for 30 Days, dispense 90 Unspecified; 2 refills of Soma 250 mg, 1 tablet every 12 hours PRN for 30 Days, Dispense 60 tablets; 2 Refills of Clonazepam 1 mg, 1 tablet twice a day; PRN, [REDACTED] psychiatrist for 30 Days; dispense 60 unspecified Norco 10 mg-325 mg, 1 tablet every 4 hours PRN for 30 Days; Dispense 180 tablets of Opana ER 40 mg tablet; extended release 1 tablet every 12 hours PRN for 30 Days, Dispense 60 tablets. The patient has hypertension, chronic pain and depression and a long history of orthopedic injuries. At issue is the medical necessity of Clonazepam and office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg BID: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). This patient has been taking Clonazepam since at least October 15, 2013, which exceeds the duration specified by the guidelines. The request for Clonazepam is not medically necessary and appropriate

Psychiatric visits, weekly, quantity 20: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Section on PTSD psychotherapy interventions

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not address psychotherapy in the context of Post-Traumatic Stress Disorder. The Official Disability Guidelines (ODG) does address this issue. The ODG states, "ODG Psychotherapy Guidelines: Initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008). The medical records provided for review indicates that this patient was noted to have diagnosis of Post Traumatic Stress Disorder (PTSD) by [REDACTED], in this case, the patient is eligible for more psychotherapy. This should help the patient wean off of Clonazepam. The request for Psychiatric visits, weekly, quantity 20 is medically necessary and appropriate.