

Case Number:	CM13-0036398		
Date Assigned:	12/13/2013	Date of Injury:	03/26/2010
Decision Date:	04/04/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Connecticut and New York. 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 claimant is a 60-year-old woman with date of injury of 3/26/2010. She reports onset of shoulder, chest, back and neck pain since lifting a heavy trash on the aforementioned date. On 9/27/13 she is noted to report feeling "better with improvement in her depression and anxiety ... less scared, sad and less angry" with a GAF of 75 and looking forward to a 3-month vacation in Mexico. She was deemed to be doing well on Viibryd, Wellbutrin and Klonopin with a recommendation that she start group psychotherapy too.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter, and the Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation American Psychiatric Association Treatment of Patients with Major Depressive Disorder Guidelines, page 20

Decision rationale: The patient appears to be doing well on the regimen and there is no indication for discontinuation. The Chronic Pain Guidelines indicate that long-term

benzodiazepine use is "not recommended," they do not specifically mention long-term benzodiazepine use for depression. The APA guidelines state that "benzodiazepines may be used adjunctively in individuals with major depressive disorder and co-occurring anxiety." The continuation of Klonopin use is indicated and medically necessary.

Twelve (12) sessions of Group Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Treatment of Patients with Major Depressive Disorder Guidelines, page 48

Decision rationale: There is no clear medical indication for adding on group psychotherapy to the patient's treatment plan. The psychiatrist's note of 9/27/13 indicates that the patient is doing extremely well with a Global Assessment of Functioning (GAF) score of 75. There was no reason offered for adding on the modality of group therapy.