

<b>Case Number:</b>	CM13-0043306		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/23/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 claimant is a 54 year old male who apparently suffered a work related injury to his neck and back on 4/23/08. He has undergone several surgeries, epidural injections, pain medications and other treatments. Subsequently he reportedly has complaints of chronic pain despite pain management programs, medications and other treatments. In addition he self-reports depression, anxiety and poor sleep. He has been diagnosed as Mood Disorder with Moderate Depression due to a General Medical Condition and Pain Disorder related to psychological factors and a General Medical Condition. It is noted to date, that the claimant has received over 22 Cognitive Behavioral Therapy treatments. He reportedly has had a decrease in his passive suicidal ideation and his mood has improved. His anger and frustration are less intense. Most of his psychological symptoms are reported to be due to his level of pain. A previous medical review, per [REDACTED] letter dated 10/18/13, allowed an additional four psychotherapy visits to consolidate the gains made and move towards termination of treatment. In addition, a thirty-day supply of Lorazepam was authorized after long-term use was noted, in order for the claimant to be safely tapered off of this addictive medication. An IMR was requested on 10/21/13 to re-examine these issues from a medical necessity point of view.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5 mg 1 tab times 5 daily, #140:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Procedure Page(s): 23.

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

**Decision rationale:** On 10/18/13 Lorazepam was authorized for thirty days to safely taper the claimant off of this addictive medication that has no efficacy for long-term use to treat symptoms related to chronic pain. To date there is no recent documentation to indicate what the claimant's current medical status is and if this recommendation was followed? The most recent psychiatric report by [REDACTED], the prescriber is dated 7/21/13. It is noted on the 7/21/13 report the mental status examination is within normal limits other than "sad/depressed" and no anxiety. She reports on 7/21/13 that the claimant "without his medications has terrible thoughts about killing people" and yet when contacted on 10/18/13 by the physician case reviewer to discuss the case, she reportedly claimed she "had difficulty remembering him and is unable to discuss the case." There are insufficient current objective clinical findings that would support the continued use of Lorazepam. Therefore this medication is NOT medically necessary.

**Psychotherapy 24 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1068.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Page 1 "Functional improvement"; Chronic Pain Treatment Guidelines Behavioral Interventions, (Cognitive Behavioral Therapy) and Functional Improvement Measures Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The severity of claimant's illness is not documented and supported by recent objective clinical findings that would indicate that more psychotherapy is beneficial and medically necessary. The last psychiatric clinical data was dated July 21, 2013. Psychologist [REDACTED] reports on 9/3/13 that "suicidal ideation has decreased (no plan or intent) mood is dysphoric...affect sad and depressed." While CBT is recommended and supported in the guidelines for the treatment of depression, there is no clinical evidence available to support the claimant's current response (functional measures and improvement) to the treatments received and the severity of current illness. On 10/13/13 treating Physical Medicine specialist, [REDACTED] commented "considers further CBT if the patient's condition deteriorates." There was authorization (10/18/13) for four additional treatments however there are no clinical data regarding the outcomes of those authorized treatments. There is not a current, completed psychiatric/psychological evaluation including a thorough and then serial mental status examinations that would indicate, a severe mental impairment or improvement that could impact the claimant's global ability to function. The request for additional CBT treatments is therefore NOT medically necessary.