

Case Number:	CM13-0055479		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2008
Decision Date:	06/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 patient is a 60-year-old female who has filed a claim for post-traumatic stress disorder associated with an industrial injury date of September 01, 2008. Review of progress notes reports decreasing nightmares. Patient reports experiencing anxiety 3-4 days a week, and panic attacks a couple times a day. Treatment to date has included anti-depressants, gabapentin, opioids, sedatives, and psychotherapy. Utilization review from November 19, 2013 denied the request for Deplin as there is no documentation of folate deficiency, and psychotherapy as the amount and results of previous psychotherapy were not specified. There was modified certification for Ativan, Xanax, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 24, 66

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

Decision rationale: As noted on page 24 of the CA MTUS 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since November 2012. Patient uses this medication for panic attacks. However, this medication is not recommended for long-term use at it could increase anxiety. Therefore, the request for Ativan 1mg #60 was not medically necessary.

XANAX 0.5MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 24, 66

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

Decision rationale: As noted on page 24 of the CA MTUS 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since November 2012. Patient uses this medication for panic attacks. Patient reports panic attacks a couple times a day, but only uses Xanax once a day at most. However, this medication is not recommended for long-term use at it could increase anxiety. Therefore, the request for Xanax 0.5mg #30 was not medically necessary.

AMBIEN 10-MG, #30: Upheld

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) Pain chapter, Ambien (zolpidem tartrate)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since November 2012. Patient uses this medication thrice a week, as trazodone is reported to not be effective for sleep difficulty. However, this medication is not recommended for long-term use as it may increase depression. Therefore, the request for Ambien 10mg #30 was not medically necessary.

DEPLIN 15MG, #30: Upheld

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 X Official Disability Guidelines (ODG) Pain chapter, Deplin (L-methylfolate)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Deplin is used for the dietary management of suboptimal folate in depressed patients. Patient has been on Deplin since November 2012. There is no documentation regarding low folate levels in this patient. Therefore, the request for Deplin 15mg #30 was not medically necessary.

PSYCHOTHERAPY QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 101-102

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

Decision rationale: Page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders. CA MTUS supports an initial trial of 4 psychotherapy visits. With evidence of objective functional improvement, a total of up to 6-10 visits is recommended. There is documentation of previous psychotherapy, however the psychiatrist recently retired. However, there is no documentation regarding the previous psychotherapy sessions or of the objective functional improvements derived from them. Also, the requested amount exceeds guideline recommendations. Therefore, the request for 12 sessions of psychotherapy was not medically necessary.