

<b>Case Number:</b>	CM13-0057761		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Neurology, 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 patient is a 51 year old male who sustained a work-related injury on 11/28/06; he was the victim of a gun-point robbery while at work. He has been diagnosed with Post Traumatic Stress Disorder (PTSD) and major depressive disorder with suicidal ideation and psychotic features. The patient's medications included Celexa 40mg, Klonopin 0.5mg three times a day, Ambien, and Abilify 15mg. Other treatment modalities so far have included cognitive behavioral therapy, individual therapy, and inpatient hospitalization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**psychopharmacology management once a month for three months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The MTUS guidelines state that benzodiazepines, such as the kind the patient is taking, are not recommended for long term use because long term efficiency is unproven and there is risk for 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. The Official Disability Guidelines state that office visits are recommended as medically necessary. The injured worker is currently on medications that require follow up and monitoring. As such, the request for psychopharmacology management once a month for three months is certified.