

Case Number:	CM13-0067238		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2003
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 57-year-old female with a 4/30/03 date of injury. At the time of request for authorization for unknown sessions of medication management, unknown sessions of psychotherapy, 1 prescription of Clonazepam 1mg #60, and 1 prescription of Zolpidem 10mg #30, there is documentation of subjective (chronic pain, irritability, mood swings, and difficulty with sleep) and objective (cool distal fingertips and decreased sensation over the dorsal web space) findings, current diagnoses (chronic pain syndrome, complex regional pain syndrome, and cervical spine sprain/strain), and treatment to date (psychotherapy and medications (including Zolpidem since at least 1/5/11 and on-going use of Clonazepam). Regarding authorization for unknown sessions of medication management, there is no documentation of the number of medical management sessions requested and functional benefit with previous use of antipsychotic medications. Regarding unknown sessions of psychotherapy, there is no documentation of the number of previous psychotherapy sessions, objective functional improvement with previous psychotherapy, and the number of psychotherapy sessions requested. Regarding 1 prescription of Clonazepam 1mg #60, there is no documentation of short-term use and functional benefit with previous use. Regarding 1 prescription of Zolpidem 10mg #30, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN SESSIONS OF MEDICATION MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: MTUS reference to ACOEM states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, complex regional pain syndrome, and cervical spine sprain/strain. In addition, there is documentation that the patient is receiving antipsychotic medications. However, there is no documentation of the number of medical management sessions requested. In addition, there is no documentation of functional benefit with previous use of antipsychotic medications. Therefore, based on guidelines and a review of the evidence, the request for unknown sessions of medication management is not medically necessary.

UNKNOWN SESSIONS OF PSYCHOTHERAPY: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, complex regional pain syndrome, and cervical spine sprain/strain. In addition, there is documentation of previous psychotherapy treatments. However, there is no documentation of the number of previous psychotherapy sessions to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of objective functional improvement with previous psychotherapy. Furthermore, there is no documentation of the number of psychotherapy sessions requested. Therefore, based on guidelines and a review of the evidence, the request for unknown sessions of psychotherapy is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for unknown sessions of psychotherapy is not medically necessary.

1 PRESCRIPTION OF CLONAZEPAM 1 MG #60: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, complex regional pain syndrome, and cervical spine sprain/strain. However, given documentation of ongoing treatment with Clonazepam, there is no documentation of short-term use. In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Clonazepam 1mg #60 is not medically necessary.

1 PRESCRIPTION OF ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, complex regional pain syndrome, and cervical spine sprain/strain. In addition, there is documentation of difficulty sleeping. However, despite documentation of difficulty sleeping, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 1/5/11, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Zolpidem 10mg #30 is not medically necessary.