

<b>Case Number:</b>	CM13-0071665		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2013

### 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 39 year old female with date of injury 7/17/2009. The injured worker suffered from cumulative trauma at work which resulted in chronic pain and eventually psychological issues secondary to it. PR-2 from 10/15/2012 reports that she has been attending stress treatment but doesn't feel it helps. Mood described as euthymic, affect is within normal limits. Comprehensive psychological medicolegal evaluation from 02/5/2013 states no diagnosis in Axis I section but lists in causation section that anxiety and depression are work related. Report from 12/9/2013 lists diagnosis of Major depression with panic attacks and psychotic features and Psychological factors affecting medical condition. Psychological testing from 12/16/2013 reveals BDI score of 35(severe depression), BAI score of 29(severe anxiety), MMPI-2 scores were extremely abnormal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 COGNITIVE BEHAVIOR THERAPY SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend initial trial of 3-4 sessions. Thus, the request of 6 CBT sessions exceeds the guideline recommendations and the medical necessity cannot be affirmed.

**6 BIOFEEDBACK SESSIONS:** Upheld

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

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

**Decision rationale:** MTUS states that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The injured worker is not in a CBT program at this time. Biofeedback is not recommended at a standalone treatment. Request for 6 sessions is not medically necessary at this time based on the review of the submitted documentation.

**BUSPAR 10 MG, #60 WITH 2 REFILLS:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), Buspirone Hydrochloride.

**Decision rationale:** The PDR states Buspirone hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. There is no available information regarding the non-pharmacological measures that have been taken to alleviate the anxiety symptoms. Without clarification regarding the goal of treatment or the length of time buspar is intended to be continued, medical necessity cannot be affirmed.

**ALPRAZOLAM 0.5 MG, #30 WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** MTUS states that 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. Upon review of the submitted documentation, it is evident that the patient has been continued on a benzodiazepine in the long term. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks.

**AMBIEN 10 MG, #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Insomnia Treatment.

**Decision rationale:** ODG states that non-benzodiazepine sedative-hypnotics are first-line medications for insomnia. Guidelines indicate that these medications should be used for short periods of time. The patient has been on ambien long term. Medical necessity of continued use of Ambien cannot be affirmed at this time. The request for #30 tablets of ambien with 2 refills is excessive and thus not medically necessary.