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| Case Number: | CM14-0013333 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 11/14/2007 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Occupational Medicine 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:

This is a 41-year-old female with a 11/14/07 date of injury. The mechanism of injury was not noted. In a 3/15/14 progress note from the treating psychiatrist the patient complained of depression, anxiety, and chronic back pain. The physical exam findings were limited to the patient's vital signs, diagnostic impression is severe major depressive disorder. Treatment to date includes medication management and activity modification. The UR decision dated 1/27/14 denied the requests for individual psychotherapy, Group psychotherapy, and Temazepam. The requests for individual psychotherapy and group psychotherapy were denied because the number and results of previous psychotherapy were not indicated in the medical records. The request for Temazepam was modified from 30 tablets to 15 tablets for weaning purposes. Benzodiazepines are not indicated for the long-term treatment of insomnia, due to addictive complications, especially for patients with a history of substance abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: 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 (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. It is documented in the reports reviewed that the patient has already had several individual and group psychotherapy sessions. However, the number of previous sessions was not noted. Guidelines only support a total of up to 10 continuous psychotherapy sessions. It is not possible to authorize additional psychotherapy visits without knowing the number of previous visits. Furthermore, there is no documentation as to whether or not the patient has experience any benefit from previous psychotherapy visits. A progress note from an 11/11/13 progress note actually states that the patient was unsuccessfully treated with cognitive behavioral therapy. Therefore, the request for Individual Psychotherapy QTY: 6.00 was not medically necessary.

GROUP PSYCHOTHERAPY QTY:6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that Group Therapy is recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. It is documented in the reports reviewed that the patient has already had several individual and group psychotherapy sessions. However, there is no documentation as to whether or not the patient has experienced any benefit from previous psychotherapy visits. A progress note from an 11/11/13 progress note actually states that the patient was unsuccessfully treated with cognitive behavioral therapy. Therefore, the request for Group Psychotherapy QTY: 6.00 was not medically necessary.

TEMAZEPAM 30MG QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24,66.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. In an 11/5/13 progress note, it is documented that the patient had a urine drug screen inconsistent with the use of benzodiazepines. The recommendation of the physician at that time was to discontinue Temazepam. In addition it was noted in a 10/3/14 report that the patient has been on Xanax since 8/19/13, and prescribed Temazepam from a different physician. It is unclear whether the patient was supposed to be on multiple benzodiazepines or whether one was to be discontinued. Guidelines do not support the use of multiple benzodiazepines. In addition, the patient is on multiple opioids to treat her chronic pain. The combination of opioids and benzodiazepines can increase the risk of side effects, such as sedation. Furthermore, it is documented in a 1/2/14 note that the patient is on Xanax, but not Temazepam. A specific rationale identifying why Temazepam would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Temazepam 30 mg QTY:30 was not medically necessary.