

Case Number:	CM14-0017797		
Date Assigned:	04/16/2014	Date of Injury:	07/23/2004
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 an employee of [REDACTED] and has submitted a claim for bipolar I disorder most recent episode depressed, severe associated with an industrial injury date of July 23, 2004. Treatment to date has included antipsychotics, anxiolytic/antidepressants and muscle relaxants. Medical records from 2013 to 2014 were reviewed and showed that the patient is suffering from bipolar disorder as well as post traumatic stress disorder. He has become very anxious, violent, increasingly psychotic and manic with noted flight of ideas and extreme paranoia. The patient was reportedly not responding to Risperdal 12mg. Medications include Risperdal, Tranxene, Doxepin, Cymbalta, and Flexeril taken as far back as February 2013. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility. Utilization review dated February 6, 2014 modified the requests for psychotherapy from 6 to 4 sessions because an initial trial of 3-4 visits over 2 weeks is required, and with objective functional improvement, additional sessions may be recommended; and Tranxene 7.5mg from #210 to #105 because it is not recommended for long-term use as tolerance to anxiolytic occurs within months and this may increase anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PSYCHOTHERAPY: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Initial psychotherapy of 3-4 visits over 2 weeks recommended, and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the patient was diagnosed with bipolar disorder, currently severely depressed. However, documents submitted did not provide a psychological evaluation to support the diagnosis, and there was no objective evidence that the psychiatric problem was work-related. There was also insufficient data with regards to the onset of symptoms and treatment given. It was also unclear whether the patient had psychotherapy sessions previously. Furthermore, the request of 6 sessions exceeds the recommendation of 3-4 visits of initial psychotherapy. Therefore, the request for 6 sessions of psychotherapy sessions is not medically necessary and appropriate.

TRANXENE 7.5MG #210: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has been taking Tranxene as far back as February 2013; however the duration and frequency of use were not discussed. The requested quantity of the medication exceeds the recommended duration of treatment of 4 weeks. Chronic use of benzodiazepine is not recommended due to the risk of developing tolerance. Therefore, the request for Tanxene 7.5mg # 210 is not medically necessary and appropriate.