

<b>Case Number:</b>	CM14-0131901		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal 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:

The injured worker is a 46 year old female who initially presented with knee pain following work related injuries on 12/29/10 when she had a fall and injured her patella. The injured worker also reported a secondary injury in 12/12 when she jumped out of an elevator after being stuck. The Utilization review dated 07/30/14 resulted in modified approval for individual psychotherapy sessions, non-certification of psychological testing, and modified approvals for continued use of Ambien and Klonopin. A clinical note dated 05/09/14 indicated the injured worker undergoing magnetic resonance imaging which revealed disc protrusion at L4-5. The injured worker had complaints of lumbar radiculopathy. The QME dated 03/06/14 indicated the injured worker continuing with lumbar spine pain. The injured worker was recommended for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy #12, once bi-weekly times four months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines- pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 101.

**Decision rationale:** The request for individual psychotherapy times 12 once biweekly times four months is non-certified. Additional psychological therapy would be indicated provided that the injured worker meets specific criteria, including objective functional improvement identified through initial course of treatment. No information was submitted regarding any objective information confirming positive response to previously rendered psychotherapy. Given this, the request is not indicated as medically necessary.

**Psychological testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Page(s): 100-101.

**Decision rationale:** The injured worker was previously approved for four psychotherapy sessions. Therefore, it is unclear as to the need for additional psychological testing at this time. The request for psychological testing is not medically necessary.

**Ambien 10mg #30 x2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®)

**Decision rationale:** Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia and rarely for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.

**klonopin 0.5mg #90:** Upheld

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

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

**Decision rationale:** 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request cannot be recommended as medically necessary.