

Case Number:	CM14-0166882		
Date Assigned:	10/14/2014	Date of Injury:	07/15/2000
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 case is a 44 year old male with a date of injury on 7/15/2000. A review of the medical records indicates that the patient is undergoing treatment for major depression, chronic pain syndrome, anxiety disorder, and back/knee/shoulder pain. Subjective complaints (10/15/2014) include panic attacks and chest pain. Objective findings (10/15/2014) include sad, flat, and depressed mood, and anxious. Treatment has included individual therapy sessions (unknown number, but at least 12 were certified previously), biofeedback sessions (unknown number), hypnotherapy sessions (unknown number), and Ambien (since at least 6/2014). A utilization review dated 9/17/2014 determined the following:- Non-certified the request for "unknown psychotherapy sessions"- Modified the request for "unknown medical management sessions" (unspecified quantity) to one medical management session- Modified the request for Ambien CR 12.5mg (unspecified quantity) to Ambien CR 12.5mg #54 for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg: 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) Pain Chapter, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as June 2014. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. The original utilization review modified the request from Ambien #60 to Ambien #54 to allow for weaning. The actual decision question at hand is either unspecified or for #60 pills, which is excess per guidelines. As such, the request for Ambien is not medically necessary at this time.

Unknown medication management sessions: Upheld

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

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

Decision rationale: As noted in ODG, "office visits are recommended as determined to be medically necessary. 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 they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The ongoing management of medication monitoring should be managed by the patient's primary care provider or psychiatrist, in this case. The treating physician does not detail what specific items he has difficulty with managing. The request for medication management is for an unspecified quantity, which is not an appropriate request. A defined quantity is needed. The original utilization review approved for one medication management session, which is appropriate. As such, the request for unknown medication management sessions cannot be established as medically necessary at this time.

Unknown medication management sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT)

Decision rationale: MTUS Chronic Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Medical documents provided do not detail any physical therapy in regards to chronic pain. Even with a failure of physical therapy, the initial trial of CBT is for 4 sessions or additional ongoing sessions of 6-10 visits. The request at hand is for unknown psychotherapy sessions with no specified quantity. A defined quantity is necessary. Medical documents indicate that the patient has been approved for at least 12 sessions. The results of those sessions were not provided to determine the necessity to continue treatment. As such, the request for unknown psychotherapy sessions is not medically necessary.