

Case Number:	CM14-0171074		
Date Assigned:	10/23/2014	Date of Injury:	11/05/2002
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 Illinois & Wisconsin. 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 57 year old female who was injured in November of 2002. Evidently she is being treated for a diagnosis of Depressive Disorder NOS in addition to chronic pain stemming from the injury. In March of this year the provider requested coverage for 12 CBT visits and 60 10 mg Valium. The requests were modified to 4 visits and 30 Valium 10 mg tablets. An additional 6 CBT sessions were certified in July. The provider is now requesting coverage for 6 CBT visits, Valium 10 mg #20, and Lunesta 3 mg #30. The requests were modified by the previous reviewer to 4 visits, 15 Valium Tablets and 15 Lunesta tablets. This is a review for medical necessity for the unmodified request for 6 CBT sessions, 20 Valium 10 mg tablets and 30 Lunesta 3 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: The State of California MTUS does not appear to apply here as the therapy is requested for the patient's psychiatric condition and not chronic pain. According to the records the patient had had 10 CBT sessions authorized prior to the unmodified request. The previous reviewed authorized an additional 4 sessions which is consistent with the ODG recommended maximum of 13-20 sessions and allows for ongoing monitoring for continued progress as set forth by the evidence based guidelines cited. Therefore the request is not medically necessary.

Lunesta 3mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain - Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: State of California MTUS and ACOEM Guidelines are silent on sleep medications. The provider started the patient on this medication in June and is resting a 30 day supply. According to the above citation this is the only benzodiazepine receptor agonist which is approved by the FDA for more than 35 days. Given this information, a 30 day supply of Lunesta is within the evidence based indication for its use according to the FDA and hence should be considered as medically necessary according to current clinical research; evidence based best practice standards and expert consensus. Therefore the request is medically necessary.

Valium 10mg #20: Upheld

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

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

Decision rationale: The above guidelines apply as the Valium appears to have been prescribed for the patient's chronic pain rather than her psychiatric condition. The State of California MTUS does not recommend Benzodiazepines for long term use and advises limiting the duration to 4 weeks. The records reviewed indicate that the patient has been on Valium since early this year. A total of 45 tablets have been approved (including the modification of the above request). Although it is not clear how often the patient has been using this medication, it would appear that the duration exceeds that recommended by the cited evidence based guideline. As such the request for 20 10 mg Valium tablets would appear to be not medically necessary according to the State of California MTUS. Therefore the request is not medically necessary..