

Case Number:	CM14-0181338		
Date Assigned:	11/06/2014	Date of Injury:	04/23/2004
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in New York. 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 63-year-old female. Her date of injury was 04/23/2004. Her mechanism of injury was being hit by a piece of machinery at work. Her relevant diagnoses include carpal tunnel syndrome, chronic pain syndrome, Complex Regional Pain Syndrome - upper limb, major depressive disorder with a single severe episode, adjustment disorder with anxiety, pain disorder, and psychological factors affecting general medical condition. Her past treatments have included medication and psychological counseling. Her diagnostic studies have included a Functional Capacity Evaluation on 01/24/2005. Her surgical history has included decompression and rotator cuff repair on 07/28/2005, and a decompression of her ulnar nerve on 12/01/2004. On 10/06/2014, she continued to have complaints of severe pain with an 8/10 on the VAS pain scale. She also complained of a smell that comes from her left arm. Her physical exam findings of 10/06/2014 included attempting to use the left arm resulting in extreme increases in her pain. In the past, these spikes in pain and anxiety have led to a suicide attempt. Her medications include Cymbalta, gabapentin, ibuprofen, lorazepam, Lyrica, omeprazole, tramadol, and triazolam. Her treatment plan included continuing medication, lab work to check serum levels, and a request to continue twice monthly psychotherapy sessions for 12 months. The rationale for the request is not included in the medical records. The Request for Authorization form is included in the medical record. It is signed and dated 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines

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

Decision rationale: The request for lorazepam 0.5 mg is not medically necessary. The injured worker has a history of major depressive disorder with a single severe episode, including a suicidal gesture; adjustment disorder with anxiety; pain disorder; and psychological factors affecting general medical condition. The California MTUS Guidelines do not recommend benzodiazepines for long term use because the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The medical records indicate that the injured worker has been taking lorazepam at least since 05/21/2013. The guidelines also state that a more appropriate treatment for anxiety disorder may be an antidepressant. There is no documentation in the medical records of a previous trial of antidepressant. As the medical record indicates the use of lorazepam considerably longer than the 4 weeks suggested in the guidelines, the documentation in the medical record does not support the request. Additionally, the request, as submitted, failed to indicate a frequency of use. Therefore, the request is not medically necessary.

Triazolam 0.25mg: 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 (chronic), Insomnia treatment

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

Decision rationale: The request for triazolam 0.25 mg is not medically necessary. The injured worker has a history of major depressive disorder with a single severe episode, including a suicidal gesture; adjustment disorder with anxiety; pain disorder; and psychological factors affecting general medical condition. The California MTUS Guidelines do not recommend benzodiazepines for long term use because the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The medical records indicate that the injured worker has been taking lorazepam at least since 05/21/2013. The guidelines also state that a more appropriate treatment for anxiety disorder may be an antidepressant. There is no documentation in the medical records of a previous trial of antidepressant. As the medical record indicates the use of triazolam considerably longer than the 4 weeks suggested in the guidelines, the documentation in the medical record does not support the request. Additionally, the request, as submitted, failed to indicate a frequency of use. Therefore, the request is not medically necessary.

Bimonthly medication management and psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress / Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, Treatment; Psychotherapy; Comorbid Psychiatric Disorders

Decision rationale: The request for bimonthly medication management and psychotherapy is not medically necessary. The injured worker has a history of major depressive disorder with a severe single episode with self injurious behavior; adjustment disorder with anxiety; pain disorder associated with psychological factors; and psychological factors affecting general medical condition. The Official Disability Guidelines state that cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective with patients experiencing chronic pain. The guidelines also state that psychological treatment for patients with CRPS can be beneficial in developing pain coping skills and improved quality of life. Comorbid psychiatric disorders occur commonly in chronic pain patients, and these included major depressive disorder, anxiety disorders. The guidelines recommend 13 to 20 visits for 7 to 20 weeks if progress is being made in cases of severe major depression or PTSD, up to 50 sessions if progress is being made for behavioral interventions. The documentation does not include a number of visits that the injured worker has already had with a psychologist. There is no indication in the documentation whether or not the injured worker is making progress with her therapy. The medical chart and documentation available does not support the guidelines for further visits for medication management and psychotherapy. Therefore, the request is not medically necessary.