MAXIMUS Federal Services

Case Number:	CM14-0022375		
Date Assigned:	05/09/2014	Date of Injury:	11/13/2011
Decision Date:	09/12/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported an unknown injury on 11/13/2011. On 1/09/2014, he presented with ongoing complaints of pain and stiffness in his cervical and lumbar spine radiating down his left leg with numbness and tingling. He also complained of increasing right knee pain. His diagnoses included cervical spine sprain/strain with possible internal derangment, lumbar spine sprain/strain, disc herniation L5-S1 with moderate bilateral foraminal stenosis and S1 nerve root compression, L4-5 and L5-S1 discogenic changes, lumbosacral radiculopathy, right knee sprain and strain with possible internal derangement and psychological sequelae. A psychiatric evaluation from 12/06/2013, noted that his medications included Ambien, Celexa and Ativan with no dosages noted. The report stated that the medications were helpful until 2 weeks prior to the evaluation when his pain had increased. The increased pain caused him to feel more depressed and he had been getting headaches when the pain became too great. His score on the Beck Depression Inventory was 19, indicating a mild amount of depression. His score and the Beck Anxiety Inventory was 14, indicating a mild amount of anxiety. His score on Beck Hopelessness Scale was 5, indicating a mild amount of hoplessness. His axis 1 diagnoses included pain disorder and major depression, improving but still not in partial remission. His treatment plan included that he would continue seeing someone for supportive psychotherapy. The report did note that he was doing well with Ambien. There was no rationale included in this worker's chart. A Request for Authorization form dated 01/29/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X6-12 SESSIONS FOR PSYCHE: 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 Psychological Treatment pages 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients for chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression stating the the effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 through 20 visits over 7 to 20 weeks if progresses is being made with up to 50 sessions in cases of severe major depression. Based on psychometric testing this worker had mild level of depression which was documented as improving. Although the recommendation was to continue with psychotherapy, cognitive behavioral therapy persay was not mentioned and there was no documentation regarding the number of sessions over what period of time this worker had already participated in. Additionally, there was no documentation of quantifiable functional improvement or reduction in pain based on his psychotherapy. The clinical information submitted failed to meet the evidence based guidelines for psychotherapy, therefore, this request for Psychotherapy x 6-12 sessions for Psyche is not medically necessary.

AMBIEN 10MG QTY:30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

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

Decision rationale: Per the Official Disability Guidelines, Ambien is a short acting non-benzodiazapine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The recommendations further stated that Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for greater than 6 months. This exceeds the recommendations in the

guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for Ambien 10 mg, quantity 30 is not medically necessary.

ATIVAN .5MG QTY:60: 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 24 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazapines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant effects. Chronic benzodiazapines are the treatment of choice if very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. This worker does not have a diagnosis of anxiety. His psychometric evaluation of anxiety revealed a mild amount of anxiety. There was no documentation of any functional gains, decreases in anxiety or pain related to the use of this medication. Additionally, the request did not specify frequency of administration. Therefore, this request for Ativan .5 mg, quantity 60 is not medically necessary.