

<b>Case Number:</b>	CM14-0024561		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/10/1997
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 68-year-old female who was injured on November 10, 1997. The patient continued to experience anxiety with the stress of her employer's illness and death. Diagnoses included dysthymia and panic disorder. Treatment included psychotherapy and medications. R requests for authorization for psychotherapy # 24, Buspar 5 mg # 75 (9-23-13), Ativan 1 mg #15, (9-23-13), buspar 5 mg # 75 (10-7-13), Lorazepam 1mg #15, (10-7-13) Buspar 5 mg # 75 (11-18-13), Lorazepam 1 mg #75, (11-18-13) Buspar 5 mg # 75 (12-2-13), and Ativan 1 mg #15, (12-2-13) were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE PSYCHOTHERAPY 24 SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy For Panic Disorder.

**Decision rationale:** Stress management techniques include relaxation techniques, behavioral techniques, cognitive techniques and therapy, and stress inoculation therapy. Fundamental to cognitive therapy is the premise that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. Studies on the effectiveness of cognitive therapy performed by psychologists exist, but studies evaluating attenuated cognitive techniques have not been done. Per ODG cognitive therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Each session lasts approximately 1 hour. CBT can be administered either as a stand-alone treatment or in conjunction with medication. In this case the patient had been treated since 1997 for anxiety and panic disorder with the number of psychiatric/psychology visits approaching 100 in the report dated September 27, 2007. The current request for panic disorder is 24 visits, which surpasses the recommended number of 12-14. There is no documentation of objective evidence of functional improvement. The request is not medically necessary.

**RETROSPECTIVE BUSPAR 5MG #75 DOS: 9/23/13: 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: PHARMACOTHERAPY FOR GENERALIZED ANXIETY DISORDER.

**Decision rationale:** Buspar is buspirone, an anti-anxiety agent thought to affect the serotonergic system by blockading the 5HT<sub>1A</sub> autoreceptors. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE ATIVAN 1MG #15 DOS: 9/23/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline Or Medical Evidence: Up to date: Pharmacotherapy For Generalized Anxiety Disorder.

**Decision rationale:** Ativan is Lorazepam, a benzodiazepine, which is used in the treatment of anxiety. It is not recommended as a first-line medication for the treatment of anxiety. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE LORAZEPAM 1MG #15 DOS: 10/7/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: PHARMACOTHERAPY FOR GENERALIZED ANXIETY DISORDER.

**Decision rationale:** Lorazepam is a benzodiazepine used in the treatment of anxiety. It is not recommended as a first-line medication for the treatment of anxiety. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE BUSPAR 5MG #75 DOS: 10/7/13: 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: PHARMACOTHERAPY FOR GENERALIZED ANXIETY DISORDER.

**Decision rationale:** Buspar is buspirone, an anti-anxiety agent thought to affect the serotonergic system by blocking the 5HT1A autoreceptors. Anxiolytics are not recommended as first-line

therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE BUSPAR 5MG #75 DOS: 11/18/13: 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:UPTODATE: PHARMACOTHERAPY FOR GENERALIZED ANXIETY DISORDER.

**Decision rationale:** Buspar is buspirone, an anti-anxiety agent thought to affect the serotonergic system by blockading the 5HT1A autoreceptors. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE LORAZEPAM 1MG #75 DOS: 11/18/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Up to date: Pharmacotherapy For Generalized Anxiety Disorder.

**Decision rationale:** Lorazepam is a benzodiazepine used in the treatment of anxiety. It is not recommended as a first-line medication for the treatment of anxiety. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE BUSPAR 5MG #75 DOS: 12/2/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Up to date: Pharmacotherapy For Generalized Anxiety Disorder.

**Decision rationale:** Buspar is buspirone, an anti-anxiety agent thought to affect the serotonergic system by blockading the 5HT1A autoreceptors. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.

**RETROSPECTIVE ATIVAN 1MG #15 DOS: 12/2/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Up to date: Pharmacotherapy For Generalized Anxiety Disorder.

**Decision rationale:** Ativan is Lorazepam, a benzodiazepine, which is used in the treatment of anxiety. It is not recommended as a first-line medication for the treatment of anxiety. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. In this case there is no documentation of objective evidence of functional improvement with the use of the medications prescribed. The request is not medically necessary.