

<b>Case Number:</b>	CM14-0053592		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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:

The injured worker is a 39 year-old male who has submitted a claim for bipolar disorder. Most recent episode was depressed, severe, associated with an industrial injury date of July 23, 2004. Medical records from 2013 through 2014 were reviewed, which showed that the patient reported feeling anxious, increasingly psychotic, and manic. Examination showed flight of ideas and extreme paranoia. Treatment to date has included antipsychotics, anxiolytic/antidepressants and muscle relaxants. Utilization review from April 17, 2014 modified the request for individual psychotherapy x6 to individual psychotherapy x4 because an initial trial of 3-4 over 2 weeks is required, and with objective functional improvement, additional sessions may be recommended. The request for Tranxene 7.5 mg #210 was also modified to Tranxene 7.5 mg #105 as guidelines limit its use to only four weeks. The long-term use of benzodiazepines like Tranxene is associated with tolerance and its long-term efficacy is not well documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy; 6 sessions:** 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), guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** As stated in the MTUS guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Initial psychotherapy of 3-4 visits over 2 weeks is recommended, and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the patient was diagnosed with bipolar disorder, currently severely depressed. However, documents submitted did not provide a psychological evaluation to support the diagnosis. There was also insufficient data with regards to the onset of symptoms and treatment given. It was also unclear whether the patient had psychotherapy sessions previously. Furthermore, the request for 6 sessions exceeds the recommendation of 3-4 visits of initial psychotherapy. Therefore, the request for 6 sessions of psychotherapy sessions is not medically necessary.

**Tranxene 7.5mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

**Decision rationale:** Tranxene is a brand name for Clorazepate, a benzodiazepine. According to the MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has been taking Tranxene as far back as February 2013; however, the duration and frequency of use were not discussed. The requested quantity of the medication exceeds the recommended duration of treatment of 4 weeks. Chronic use of benzodiazepine is not recommended due to the risk of developing tolerance. Therefore, the request for Tranxene 7.5mg #120 is not medically necessary.