

<b>Case Number:</b>	CM14-0074455		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/26/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Nevada. 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 52 year-old male who was reportedly injured on 2/26/2004. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 4/5/2014. Indicates that there are ongoing complaints of depression, and anger. The physical examination consists of checkboxes which include angry, anxious, depressed, impaired concentration, memory impairment, and suicidal ideation. No reason diagnostic studies are available for review. A request was made for physical therapy 1 X a week for 12 weeks, #12 sessions, Sonata 10 mg #60 and was not certified in the pre-authorization process on 4/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Sessions of Psychotherapy, 1 x Weekly for 3 Months: 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), Cognitive Therapy for Depression, ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis;

and recommend a maximum of 10 visits. The injured worker has multiple mental health issues and review of the available medical records, fails to demonstrate an improvement in pain or function. The treating physician has requested #12 visits a physical therapy body part unspecified, this request exceeds guideline recommendations of #10 visits. Without documentation stating the necessity for excessive visits this request is not considered medically necessary.

**Continue Sonata 10mg #60:** 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 Chapter, Insomnia Treatment, Zaleplon (Sonata).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Sedative Hypnotics (updated 6/12/14).

**Decision rationale:** Sonata (Zaleplon) is a short acting non-benzodiazepine hypnotic clinically indicated for the short term treatment of insomnia. Due to the habit-forming potential of this medication pain specialist rarely, if ever, recommend them for long-term use. When noting that this medication has been employed for long-term use, and that the record provides no indication of any plans for discontinuation; there is no clinical indication for ongoing use of this medication on a chronic basis. Therefore, this request is deemed not medically necessary.