

Case Number:	CM14-0079258		
Date Assigned:	07/18/2014	Date of Injury:	02/26/2014
Decision Date:	08/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 Licensed in Child and Adolescent 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 50 year old female who sustained cumulative trauma at work from 1/11/11 to 2/26/14. She worked in an office and reported experiencing stress due to a religious conflict over having to process abortion applications at the clinic, coworker stress, and over work. She reported symptoms of defensiveness, emotional withdrawal, anxiety and depressed mood. She underwent treatment with psychotropic medications which included Wellbutrin and Buspirone. She was diagnosed with major depression and generalized anxiety disorder. She also had 4 sessions of cognitive behavioral therapy (CBT). The 5/14/14 progress report noted that subsequently the injured worker experienced some clinical symptom improvement, with less emotional withdrawal, more socializing, improved sleep, increased energy and interest in activities, and less short tempered. An application for 6 additional CBT sessions was made, as well as for the medications Xanax and Estazolam (ProSom).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy x 6 sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

Decision rationale: The MTUS is not applicable. The ODG indicates that CBT has been shown to be clinically beneficial in bringing about significant improvements in symptoms in individuals diagnosed with depression and anxiety. The recommendation is for an initial trial of up to six sessions over six weeks, followed by additional sessions up to a recommended maximum of 20 sessions over 20 weeks, if there has been evidence of some functional improvement. The injured worker is diagnosed with major depression and generalized anxiety disorder (GAD). Based on the 5/14/14 progress report, she has undergone some functional improvement after receiving the initial trial of 4 CBT session, with demonstrated improved social contact, less emotional withdrawal, and improved enjoyment in activities which used to interest her. The request is for 6 additional sessions, which falls within the recommendation of up to 20 sessions, so that it meets medical necessity. It is with the mental illness and stress guideline for CBT that the requested treatment is determined to be medically necessary, and for these reasons the prior UR decision should be reversed.

Biofeedback x 6 over 3-6 weeks: Upheld

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

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

Decision rationale: The MTUS is not applicable. The ODG indicates under the Pain chapter that biofeedback can be a useful treatment as an adjunct to CBT for pain relief. However, as the injured worker does not have physical pain, this does not apply here. There is no indication that biofeedback is useful for the treatment of non-pain related depression and anxiety, so that the request is not medically necessary on that basis.

Prosom 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia treatment, Benzodiazepines.

Decision rationale: The MTUS is not applicable. The ODG guidelines indicate that the benzodiazepines can be useful for the treatment of insomnia, but that they should only be used for the short term, in order to avoid the development of tolerance, dependence, and adverse side

effects including effects on driving and job performance. The injured worker reported sleep difficulty initially, but as of the 5/14/14 progress report, the sleep has improved, so that the need for a 30 day prescription for ProSom, a sleeping medication in the benzodiazepine class, is not supported by the clinical information provided. Additionally, a 30 day supply would also not constitute short term use, but could lead to dependence. As a result, the request is not medically necessary.

Xanax 0.5mg #45 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia treatment, Benzodiazepines

Decision rationale: The MTUS is not applicable. The ODG indicate that benzodiazepine medications can be beneficial in the treatment of insomnia in mental disorders, and in alleviating the anxiety associated with pain. Xanax is alprazolam, a benzodiazepine class medication. The guideline recommends that the use of benzodiazepines should be reserved for short term use only, as longer term use can lead to problems such as the development of tolerance, dependence and unnecessary adverse side effects. The injured worker is diagnosed with GAD, and has reported symptoms of insomnia. As of the 5/14/14 progress report, the injured worker has undergone some clinical improvement, with improvement in her sleep, and some diminution in overall anxiety. The request does not specify the exact nature of the dosing of Xanax, such as whether it is to be given as 1 and a half tablets at night, or in divided doses during the day. Additionally, the supply of 45 tablets for 30 days would not constitute short term use, but could lead to dependence. As a result, for these reasons, therefore, the requested is not medically necessary.