

Case Number:	CM14-0084635		
Date Assigned:	07/21/2014	Date of Injury:	06/22/2008
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Texas. 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 27 year old firefighter who was in training when a fall resulted in a back injury. Subsequently he has undergone two surgeries and continues to have chronic pain with secondary neurological symptoms including fasciculations, erectile dysfunction, and weakness. He has also been followed for depression and anxiety for which he has been prescribed Cymbalta, Buspirone, Xanax, and Klonopin. The Xanax and Klonopin are prescribed as needed (prn). The injured worker states he does not use these regularly but only when anxiety feels overwhelming, and this is primarily at night. He has returned to work. A prior review resulted in the denial for continuation of psychotherapy, Xanax, Klonopin, and Buspar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions bimonthly x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; psychological treatment.

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

Decision rationale: The provided records do not indicate that these sessions should continue based upon lack of documentation of a need for continuation. There are no documented

treatment objectives with cognitive behavioral therapy that have not been met. The injured workers pain issues as well as depression and anxiety are managed with the certified medication management.

Cymbalta 60mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Mental Illness & Stress Procedure Summary ; antidepressant (therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine) Page(s): 42.

Decision rationale: The injured worker has had a favorable response to Cymbalta. The prior review also found this was medically necessary. Based upon symptoms and response, the treating physician can continue this medication. This injured worker has both depression and chronic pain which are both continuous but are both apparently responding sufficiently that this man is back at work. Continuation of this medication is medically necessary.

Xanax 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary; Benzodiazepines.

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

Decision rationale: Xanax 0.5mg is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). 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. In this case the patient has been prescribed both a short-acting and long-acting benzodiazepine. The history provided does not support the need for continuation of as needed (prn) short-acting medication.

Klonopin 1mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary; Benzodiazepines.

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

Decision rationale: Although MTUS notes that long-term use of benzodiazepines is not recommended due to tolerance, in this case the patient is not taking Klonopin regularly and therefore the issue of tolerance is not applicable. His spectrum of depression and anxiety has been managed with a judicious use of this medication on an occasional basis and only for what has been described in the records as overwhelming anxiety. Although there is not a good rationale for the combination of two benzodiazepines, the use of a single, long-acting, as needed, benzodiazepine is appropriate in this case as it is.

Buspar 10mg: 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 Psychother Psychosom. 2013 Sep 20;82(6):355-362. Efficacy and Tolerability of Benzodiazepines versus Antidepressants in Anxiety Disorders: A Systematic Review and Meta-Analysis. Functioning and disability levels in primary care out-patients with one or more anxiety disorders. Psychological Medicine / Volume 40 / Issue 12 / December 2010, pp 2059-2068.

Decision rationale: Documentation of efficacy is not provided in the records reviewed. California MTUS does not address the use of this medication. The injured worker's anxiety can be managed with the as needed Klonopin as noted above. Therefore continuation of Buspar - 10 mg is not medically necessary.