

Case Number:	CM14-0092548		
Date Assigned:	07/25/2014	Date of Injury:	03/13/1983
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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:

Injured worker is a 67 year old male with date of injury 3/13/1983, date of the UR decision was 6/9/2014. Report dated 6/27/2014 suggested that he has been diagnosed with lower back pain, sciatica and depression. Report dated 05/19/2014 suggested that he had several transient ischemic attacks that came on after Post-Traumatic Stress Disorder (PTSD) incidents. Report dated 05/26/14 listed the diagnosis of PTSD. Report dated 6/6/2014 suggested the medications being prescribed were Klonopin 0.5 mg four times daily 120/month, Geodon 20 mg 2-4 times/day depending on the status of PTSD 90/month, Imipramine 50 mg nightly 90/month, Clonidine 0.1 mg twice daily 60/month and Marinol 5 mg four times daily 120/month. It was documented that he needed 24 hour supervision, as PTSD episodes could occur any time of the day or night, and could lead to dangerous consequences. The report from 6/6/2014 also stated that in the past some of the episodes had been strokes, wandering off and getting lost; caregiver would find him if he wandered off, injuring himself with power tools. He was reported to sometimes have paranoia, rage, or had extensive grandiose fantasies that lead to troublesome acting out. His caregiver does monitor him and sometime is able to head off episodes by distracting him or giving him his medication and adjusting the Geodon dose if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy visits QTY 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89, 100-127, 101-102. Decision based on Non-MTUS Citation Official Disability 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 and Stress, Cognitive Therapy for PTSD.

Decision rationale: ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, ODG recommends up to 50 sessions if progress is being made. Upon review of the submitted documentation it is ascertained that he has undergone extensive psychotherapy since the injury occurred over 30 years back. It is not indicated as to how many sessions he has completed so far, also there is also no evidence of functional improvement. Request for Psychotherapy visits QTY 15 is not medically necessary.

Klonopin 0.5 mg QTY 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Benzodiazepine, weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence and most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports the injured worker has been receiving Klonopin 0.5 mg four times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of Benzodiazepines should be limited to 4 weeks. Request for Klonopin 0.5 mg QTY #120 is not medically necessary.

Home Health Services HHA 24 hrs./day, 7 days/week (QTY. = months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and EBM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS states Home health Services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health

aides like bathing, dressing, and using the bathroom when this is the only care needed. The reviewed documentation does not suggest that the injured worker is completely homebound or unable to perform any Activities of Daily Living (ADL's). It has been suggested that he has been experiencing some cognitive difficulties, yet at the same time is being prescribed Klonopin which adversely affects cognition. The PTSD episodes have been described to be strokes (evidence of which is not available). PTSD does not usually present in the way that it has been described to present in report from 6/6/2014 which stated in the past some of the episodes had been strokes, wandering off and getting lost; caregiver would find him if he wandered off and injuring himself with power tools. He was reported to sometimes have paranoia, rages, or had extensive grandiose fantasies that lead to troublesome acting out. His caregiver does monitor him and sometime is able to head off episodes by distracting him or giving him his medication and adjusting the Geodon dose if necessary. Thus, the request for Home Health Services HHA 24 hrs/day, 7 days/week is not medically necessary.

Marinol 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.GOV ; Marinol (Dronabinol) Capsules.

Decision rationale: FDA states Marinol (Dronabinol) Capsules is indicated for the treatment of:
1. Anorexia associated with weight loss in patients with AIDS. 2. Nausea and vomiting associated with cancer or chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. The submitted documentation does not specify why the Marinol is being prescribed. The injured worker does not suffer from any conditions that are FDA approved for use of Marinol. The request for Marinol 5 mg is not medically necessary.