

Case Number:	CM14-0199470		
Date Assigned:	12/09/2014	Date of Injury:	04/07/1994
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/26/2014

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 Psychiatrist (MD) 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:

Records reviewed include 47 pages of medical and administrative records. The injured worker is a 69 year old female whose date of injury is 04/07/1994, the mechanism of injury was not provided. Her diagnoses are anxiety disorder NOS, psychological factors affecting medical conditions, and major depressive disorder, single episode moderate. Medications include Lexapro 20mg QAM, Klonopin wafer 0.5mg QAM and Ativan 0.5mg Q3PM for anxiety. She had been on these medications for around ten years. On 01/28/14 she was sleeping six hours per night and the meds helped. Anxiety persists and affects daily functioning. Chronic pain persists. On 07/31/14 her anxiety, physical limitations, and pain all continued to affect her daily functioning. She uses coping mechanisms to decrease the intensity of symptoms, establish boundaries and clarify needs. She was described as having made great progress in this area. The Klonopin and Ativan were noncertified in a review of 11/10/14 as they were to be weaned and discontinued per prior review of 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin wafer 0.5mg 1/2qam #30: Upheld

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

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

Decision rationale: The patient is on duplicate benzodiazepine therapy of Klonopin and Ativan. A review dated 01/23/14 allowed for weaning followed by discontinuation. The review of 11/10/14 noncertified the request for Klonopin. She has been on this medication for well beyond the guideline of 4 weeks. This request is therefore not medically necessary. CA-MTUS 2009 Benzodiazepines does not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)

Ativan 0.5mg 1 Q3PM #30: Upheld

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

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

Decision rationale: The patient is on duplicate benzodiazepine therapy of Ativan and Klonopin. A review dated 01/23/14 allowed for weaning followed by discontinuation. The review of 11/10/14 noncertified the request for Ativan. She has been on this medication for well beyond the guideline of 4 weeks. This request is therefore not medically necessary. CA-MTUS 2009, Benzodiazepines does not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005).

Monthly psychotropic medication management and approval for one session a month for six month plus medication approval: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Illness & Stress, Office Visits.

Decision rationale: The patient is on multiple medications, including duplicate benzodiazepines of Klonopin and Ativan, which do require monitoring for efficacy, side effects, drug:drug interactions, etc. However, the number of psychotropic medication management visits cannot be predicted, they are based upon the individual needs of the patient, taking into account level of stability, other medications prescribed etc. Although this injured worker clearly requires this service, the request for one session a month for six months is not medically necessary. CA-MTUS 2009 does not reference psychotropic medication management. ODG Mental Illness & Stress, Office Visits recommend as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy.