

Case Number:	CM14-0202474		
Date Assigned:	12/15/2014	Date of Injury:	04/21/2004
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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 Psychiatrist (MD) and is licensed to practice in Illinois. 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 58 year old female who sustained a work related injury 04/21/2004 while working as a social worker and supervising social worker. The injured worker stated she developed musculoskeletal pain in her neck, back , both shoulders and hands, both of her hips and knees, chest pain, shortness of breath, and stomach discomfort which was aggravated by her work duties involving prolonged sitting, standing, walking, and repetitive movement of both her upper extremities and working under highly stressful situation. Diagnoses consist of: depressive disorder, not otherwise specified, anxiety disorder, not otherwise specified, abdominal pain, acid reflux, history of Barrett's esophagus and hiatal hernia, constipation, history of internal hemorrhoids, chest pain, shortness of breath, sleep disorder, orthopedic and psychiatric unspecified and deferred. Treatments have included medication. The most recent physician progress report dated 09/24/2014 the evaluating physician documented that the injured worker showed little improvement, was tearful, noted the injured worker's mood as severely depressed, and tense and that the injured worker reported not being able to sleep, This is a request for medication management in the form of: Individual psychotherapy; 12 visits, Cymbalta 30mg, Klonopin 0.5mg and Ambien 10mg. On 11/14/2014 Utilization Review was performed for the services requested: The request for 12 Individual psychotherapy visits was recommended for modification to four visits, according to the ODG guidelines for psychotherapy; should there be evidence of objective functional improvement and need for additional sessions they may be requested as clinically indicated. The request for Klonopin 0.5mg #90 x3 months was recommended for modification to Klonopin 0.5mg #90 x1 month according to CA MTUS guidelines regarding benzodiazepines, indicate that they are not recommended for long-term use; because efficacy is unproven and risk of dependence. The request for Ambien 10mg #30 x 3 months was recommended for certification. According to ODG mental health guidelines for

insomnia treatment; given the injured worker's clinical history and symptomatology, the request for Ambien 10mg #30 x3 months was recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 23.

Decision rationale: The State of California MTUS indicates psychotherapy as recommended. The recommendation is for an initial trial of 3-4 visits over two weeks with up to 6-10 visits with evidence of objective functional improvement. The requested 12 visits exceeds this recommendation and the modification made by the first reviewer allows for 4 visits to gauge response and determine appropriateness of continued therapy. As such the modified request is consistent with the above referenced evidence based guideline but the requested 12 visits should not be considered as medically necessary according to the State of California MTUS.

Klonopin 0.5mg #90 x 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 24.

Decision rationale: The State of California MTUS indicates that benzodiazepines are not recommended for long term use. The recommended duration is a maximum of 4 weeks. The requested three month supply of Klonopin therefore should not be considered as medically necessary since it exceeds the maximum recommended duration of this medication. The modified request for one month is consistent with the above cited evidence based guideline.