

Case Number:	CM15-0140173		
Date Assigned:	07/30/2015	Date of Injury:	07/16/1991
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old female who sustained an industrial injury on 07-16-1991. The results and mechanism of injury were not mentioned. Treatment provided to date has included: psychological therapy and medications per the records available for review. Diagnostic testing results were not submitted or discussed. There were no noted comorbidities or other dates of injury noted. On 06-30-2015, physician progress report noted complaints of continued cervical pain. The pain was not rated, but the injured worker reported that the pain limits what she can do in her home and with anything physical, that demands her attention. Additional complaints included disrupted sleep due to pain, inability to lift her arms above her shoulders, and difficulty with mood due to poor sleep. Current medications include Abilify, alprazolam, Cymbalta, Ditropan, temazepam, trazodone, and Ultracet. The psychological assessment was noted to be stabilized and improving. The provider noted diagnoses of bipolar II disorder, pain disorder, somatoform disorder, and dysthymic disorder. Plan of care includes continued medication management and psychological therapy with a request for 12 visits. The request for authorization (RFA) (dated 06-30-2015) states that he injured worker visits monthly with 12 visits over the next one year and has had 6 visits over 6 months. This was also stated on the RFA dated 01-28- 2015; however, the RFA dated 04-28-2015 states that the injured worker has had 7 visits over the last 7 months. The injured worker's work status remained temporarily very disabled. The request for authorization and IMR (independent medical review) includes: alprazolam 0.5mg, and 12 medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepine, Alprazolam (Xanax), Weaning, benzodiazepines.

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

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "Not recommended 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)" Within the documentation available for review, there appears to be long-term use of the benzodiazepine despite guideline recommendations for no more than 4 weeks of use. The progress notes indicate that this has been prescribed since at least January 2015. Therefore, this request is not medically necessary. This medication should not be abruptly weaned, and the provider should be allowed to wean this medication as he or she sees fit. It is beyond the scope of the IMR process to dictate a particular weaning schedule. Therefore, the request is not medically necessary.

12 medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Office visits.

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

Decision rationale: Regarding the request for 12 Office Visits for medication management, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits for a year cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the original requested number of consecutive office visits is not medically necessary. Furthermore, it should be noted that the previous certification of follow-up visits would give the patient management sessions up until 5/2016.