

<b>Case Number:</b>	CM15-0190224		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 40 year old male, who sustained an industrial injury on 7-23-2004. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for post traumatic stress disorder (PTSD), poly substance abuse, major depression, severe psychotic features and bipolar disorder. Medical records dated 8-26- 2015 indicate the injured worker complains of panic attacks, irritability, depression, tension, persecutory delusions, insomnia and back pain. Physical exam dated 8-26-2015 notes agitation, flight of ideas, crying spells and impaired cognition. Exam and complaints are unchanged from 4-10-2015 exam. Treatment to date has included Risperdal, Zyprexa, Flexeril, Tranxene and psychotherapy. The original utilization review dated 9-17-2015 indicates the request for Tranxene 7.5mg #210 X6, Flexeril 10mg #30 X6 and psychotherapy 45 minutes once every 2-4 weeks as needed is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tranxene 7.5mg #210 + 6 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of having taken Tranxene leading up to this request for continuation by his provider. However, there was no report found stating how effective or necessary this medication has been. Regardless, the Guidelines do not recommend ongoing chronic use of this drug class, and therefore, the request is not medically necessary. Weaning may be indicated.

**Flexeril 10mg #30 + 6 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient record to show functional benefit from using Flexeril. Regardless, this request for many months of regular Flexeril use is not recommended based on the Guidelines, and is not medically necessary. Weaning may be indicated.

**Psychotherapy 45 minutes once every 2-4 weeks as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for

widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, based on the documents provided for review and the PTSD diagnosis, it is reasonable and medically necessary to continue psychotherapy. However, the request was for "as needed" use, which is not allowable when making a request. A defined number of sessions is required for approval, so an unlimited number of approved sessions can be avoided. Therefore, this request is not medically necessary.