

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0031084 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 05/05/2011 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 02/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2015 |

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 57-year-old male, whose date of injury is 05/05/2011. The mechanism of injury is unknown. The diagnoses have included lumbar spondylosis and lumbar degenerative disc disease L2-L4 with stenosis. Treatment to date has included diagnostic studies and medications. Currently complains of low back pain radiates down to his right leg. Physical examination of the lumbar spine revealed flexion 45 degrees, extension 20 degrees and lateral flexion of 30 degrees on each side. Straight leg raise caused low back pain bilaterally. There are no psychiatric/psychologic records provided for review other than the UR of 02/10/15 with summary of records therein, all of the following dates are visits with [REDACTED] in psychiatric follow up. On 06/05/14, there was no change in sleep with decreased Remeron. This was discontinued and Lunesta was started. The patient was resistant to insomnia treatment. He was on Wellbutrin and depression had improved. Without insomnia correction, the patient had no chance to improve. GAF=51. On 07/10/14, he had no sleep changes off Remeron and was unable to get Lunesta. He was in CBT for depression. On 09/12/14, sleep was 6-6.5 hours with daytime fatigue, no other changes noted. On 11/07/14, He reported decreased depression with longer sleep. On 12/19/14, he was unable to decrease Trazodone due to worsening sleep. He learned more in individual therapy but group is helpful too. Sleep study was recommended. GAF=54. On 01/30/15, he continued to resist treatment. Symptoms were under beyter control. Additional psychotherapy and group sessions were requested. His psychiatric diagnoses are adjustment disorder with anxiety and insomnia related to pain. Medications included Wellbutrin XL 300mg, Seroquel 200mg, Trazodone, and temazepam. On February 10, 2015, UR non-

certified Temazepam 15mg #30, remaining 5 medication management, individual cognitive behavior therapy x6, group cognitive behavior therapy and sleep study.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Temazepam 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Mental 2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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) Page(s): 24 of 127.

**Decision rationale:** Temazepam is a benzodiazepine used for sedative-hypnotic purposes. It has been used since at least 09/02/14, well beyond the 4 week guideline of MTUS. In addition, the patient is also prescribed the sedating antidepressant Trazodone which is often used to treat insomnia. There is no evidence provided that other means of insomnia intervention have been attempted such as sleep hygiene. There are no records provided beyond 01/30/2015, so the patient's current situation is unknown. This request is therefore noncertified.

#### **Remaining 5 Medication Management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Office Visits Recommended 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.

**Decision rationale:** The number of medication management visits cannot be predicted. It is based on the individual's needs and medication regimen. While medication management visits are medically necessary by all standards, the quantity of five requested is excessive. There are no records provided beyond 01/30/2015, so the patient's current situation is unknown. This request is therefore noncertified.

#### **Individual Cognitive Behavior Therapy x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. ODG Psychotherapy Guidelines:- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made Page(s): 102 of 127.

**Decision rationale:** The patient's diagnosis is adjustment disorder with anxiety. He has been resistant to treatment per documentation. There were no goals provided, no subjective rating scales (e.g. Beck Depression/Anxiety, Hamilton Depression etc), and little in the way of description of his objective functional improvement. There are no records provided beyond 01/30/2015, so the patient's current situation is unknown. This request is therefore noncertified.

#### **Group Cognitive Behavior Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pain, Psychotherapy Guidelines, PTSD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG group therapy is recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. Number of visits should be contained within the total number of Psychotherapy visits.

**Decision rationale:** Group therapy can provide a supportive environment for patients. Per ODG, group therapy visits should be contained within the total number of psychotherapy visits. There are no records provided beyond 01/30/2015, so the patient's current situation is unknown. As the requested individual CBT has been noncertified, therefore this request is noncertified as well.

**Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Polysomnography Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended.

**Decision rationale:** The patient does not meet criteria for a sleep study. The number of days per week were not documented and there was no evidence of behavioral intervention (e.g. sleep hygiene). He has been described as having daytime fatigue, with no further details. He shows no cataplexy, morning headache has not been reported, nor has intellectual deterioration or personality change. There are no records provided beyond 01/30/2015, so the patient's current situation is unknown. This request is therefore noncertified.

