

Case Number:	CM15-0031832		
Date Assigned:	02/25/2015	Date of Injury:	07/16/1991
Decision Date:	04/08/2015	UR Denial Date:	02/01/2015
Priority:	Standard	Application Received:	02/20/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 07/16/1991. The mechanism of injury was not specifically stated. The current diagnoses include type 2 bipolar disorder, pain disorder associated with psychological factors and a general medical condition, and dysthymic disorder. The injured worker presented on 10/07/2014 for a followup evaluation. The current medication regimen includes Abilify, alprazolam, Cymbalta, temazepam, trazodone, and Ultracet. The injured worker presented with complaints of depression. Upon examination, there was a sad/depressed mood. The injured worker denied suicidal and homicidal ideation. Recommendations at that time included continuation of medication management and psychotherapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Medication Management; Psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 12 sessions of psychotherapy exceeds guidelines' recommendations. There is no evidence of objective functional improvement following the initial course of treatment. Given the above, the request is not medically appropriate.

Alprazolam .5 MG: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized the above medication for an unknown duration. The injured worker is noted to be utilizing 2 separate benzodiazepines. The medical necessity has not been established. The request as submitted also failed to indicate a frequency and quantity. Given the above, the request is not medically appropriate.

Temazepam 15 MG: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized the above medication for an unknown duration. The injured worker is noted to be utilizing 2 separate benzodiazepines. The medical necessity has not been established. The request as submitted also failed to indicate a frequency and quantity. Given the above, the request is not medically appropriate.