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| <b>Case Number:</b>   | CM15-0085871 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 07/23/2004 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/04/2015 |

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 07/23/2004. Current diagnoses include bipolar disorder with psychotic features and post traumatic stress disorder. Previous treatments included medications and psychiatric therapy, and counseling. Initial complaints occurred when the worker witnessed the death of his brother on a job site causing depression. Report dated 04/10/2015 noted that the injured worker presented with complaints that included depression, anxiety, tension, irritability, delusions, pain in back, tightness of muscles, and lack of energy. Objective findings included psychomotor agitation, pressured speech, panic attacks, insomnia, crying spells, and impaired concentration. The treatment plan included prescribing Zyprexa, Flexeril, Tranxene, psychotherapy, and awaiting referral to internist. Work status was noted as permanently disabled. Disputed treatments include psyche treatment 45 minutes every 2-4 weeks and Tranxene 7.5 mg, #210.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tranxene 7.5mg #120:** Upheld

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

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

**Decision rationale:** This injured worker has diagnoses of bipolar disorder and posttraumatic stress disorder, with symptoms of anxiety. The California MTUS chronic pain medical treatment guidelines provide specific guidelines for use of benzodiazepines. They are not recommended for long-term use as the efficacy is not proven, 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 effects. 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 anti-depressant. The documentation submitted supports that the injured worker has been prescribed Tranxene for at least three months, since approximately 01/06/2015, which is in excess of the guideline recommendations. The guidelines do not recommend chronic use of this medication. Therefore, the request for Tranxene 7.5mg, #120 is not medically necessary.

**Psych treatment 45 min every 2-4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines p. 23: behavioral interventions, p. 101-102 psychological treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: treatment of depression.

**Decision rationale:** The MTUS recommends psychological treatment for appropriately identified patients. The ACOEM also discusses the use of cognitive techniques and therapy. A stepped-care approach involving psychological intervention is recommended, including identification of specific concerns, consultation with a psychologist, individual or group therapy, and possible multidisciplinary treatment with mental health providers. The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of cognitive behavioral therapy (CBT) is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The maximum quantity of visits for CBT is 10. The Official Disability Guidelines provide recommendations for longer courses of psychotherapy for depression. The ODG recommends up to 13-20 visits over 7-20 weeks if progress is being made; in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are recommended if progress is being made. All treatment should be continued only if there is specific improvement, including functional improvement. In this case, the injured worker has multiple psychiatric diagnoses. Some prior psychotherapy was noted, but the total number of sessions completed was not discussed. Work status was noted as permanently disabled, which is not consistent with functional improvement. In addition, the number of sessions requested was not specified, and can indicate an unlimited quantity, which is not medically necessary. Due to insufficiently specific prescription, and lack of documentation of functional improvement as a result of prior psychotherapy, the request for psych treatment 45 min every 2-4 weeks is not medically necessary.