

<b>Case Number:</b>	CM13-0037291		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in New York and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 29 year old male injured on 07/11/12 when he fell approximately 10 feet off of a forklift approximately landing on a concrete floor with furniture landing on him. The patient reported subsequent post-traumatic stress disorder, anxiety, and depression. Clinical documentation indicated the patient has been receiving psychiatric counseling on a weekly basis for 15 months and medication management including Zoloft, Xanax PRN, carbamazepine, Norco, Butrans, and naproxen. It is note the patient exhibited symptoms associated with difficulty sleeping, low energy, and other depressive and anxiety symptoms. The patient had psychomotor agitation easily irritable, shortness of breath, dizziness, fear of heavy machinery, and significant pain. Current diagnoses included chronic pain, lumbar spondylosis without myelopathy, muscle spasm, degenerative disc disease cervical, thoracic, or lumbosacral radiculopathy, and anxiety. Clinical note dated 12/16/13 indicated the patient complained of back, gluteal, neck, and right shoulder pain radiating to the left ankle, foot, and right knee. Medications utilized included Percocet, baclofen, carbamazepine, Xanax, and Zoloft. The patient rated his pain at 7/10 with medications and 10/10 without medications. Clinical documentation indicated the patient underwent spinal cord stimulator implant due to ankle reflex sympathetic dystrophy pain with reported significant decrease in pain. Clinical documentation indicated that Butrans patch would be discontinued and Dilaudid would be tapered to Percocet followed by Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT 1 TIME PER MONTH FOR 12 MONTHS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

**Decision rationale:** As noted in the Mental health chapter of the Official Disability Guidelines - Online version 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. The documentation indicates the patient has been taking the current medications without significant adverse effects or need for titration at present. Ongoing quarterly monitor of opioid medication compliance is required. As such, the request is recommended as medically necessary.

**COGNITIVE BEHAVIORAL THERAPY (CBT) 1 X MONTH FOR 12 MONTHS:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 101, 102.

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

**Decision rationale:** As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral therapy is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. It is noted that the patient has been undergoing weekly psychiatric therapy for 15 months. Current guidelines allow for an Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be allowed. As such, the request is recommended as medically necessary.

**XANAX 0.5 MG #60 AS PRESCRIBED ON 06-05-2013:** 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:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. The patient has exceeded the 4 week treatment window. As such, the request for Xanax 0.5 mg #60 cannot be recommended at this time.