

<b>Case Number:</b>	CM14-0111465		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 is licensed to practice in California. 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 injured worker is a 46-year-old male who reported an injury on 05/30/2012 reportedly while he was assisting in food preparation, he lifted a 5 lb. container of water, and as he poured the water from the container with a twisting motion, he developed a sudden pain of his upper and lower back. The injured worker's treatment history included MRI studies, medications, surgery, psychologist, physical therapy, and x-rays. On 05/01/2014 and it was documented the injured worker had been seen by a psychologist for psychotherapy for approximately 6 months. The injured worker was evaluated on 07/16/2014 and it was documented that the injured worker complained a great of neck pain. He stated he cannot turn his neck to his left, it just locks up. He reported right shoulder pain with pulling and numbness, of the forearm and right wrist. The provider noted since starting on Zyprexa Zydis 5 mg, Klonopin wafer 0.5 mg and 1.5 mg, feels better in relationship to sleep, anxiety, and mood. He denied any side effects from either the Zyprexa or the Klonopin. The mental status examination revealed the injured worker appeared to be in a great deal of pain and was moving around stiffly without turning his head and not raising his right arm much. Mood/affect noted the injured worker stated "I'm still having a lot of pain, but medications remain helpful." Affect was appropriate to his mood and mildly brighter. Medications included Zyprexa Zydis 5 mg and Klonopin wafer 1 mg. Diagnoses included major depression, single episode, moderate, agoraphobia, with panic attacks, pain disorder associated with both psychological factors, and general medical condition. The Request for Authorization, dated 07/18/2014, was for medications Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin .5mg wafer #120:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Klonopin .5 mg, is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. Benzodiazepines are not recommended for long term use per the guidelines. However, the documentation submitted states the injured worker is diagnosed with panic attacks and depression. If this is the case, long term must be supported by documentation of functional benefit and continued monitoring by a psychiatrist. Furthermore, the request lacked frequency and duration of medication. As such, the request for Klonopin .5mg wafer #120 is not medically necessary.

**Psychotherapy:** 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 Biofeedback. Page(s): 24.

**Decision rationale:** The request for psychotherapy is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The documentation submitted failed to indicate the injured worker's long term functional goal. Documentation submitted indicated the injured worker has been having ongoing psychotherapy treatment for 6 months. However, the documentation did not indicate evidence of objective functional benefit. Given the above, the request for psychotherapy is not medically

necessary. Additionally, the request for psychotherapy failed to include the number of requested sessions.