

Case Number:	CM14-0148589		
Date Assigned:	09/18/2014	Date of Injury:	07/08/1983
Decision Date:	12/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Pain Medicine 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:

This 59 year old female sustained a work related injury on 07/23/1983. The mechanism of injury was not made known. As of 02/03/2014, the injured worker was seen for a psychological reevaluation. According to the provider, it was essential that the injured worker continue to have access to psychiatric treatment, including supportive psychotherapy and psychotropic medication. She was referred for 20 additional psychotherapy sessions and six psychotropic medication consultations. Mental status examination revealed the injured worker was casually dressed, neatly groomed and appearing stated age. She was described as a very verbose historian, but was cooperative and attentive. Mood was significantly depressed with evidence of underlying anxiety and irritability at times. Affect was consistent with mood and appropriate to thought content. She reported suicidal ideation but denied plan or intent. Speech was pressured at time and there was also evident of tangential and circumstantial thought processes. She appeared to be very fragile from an emotional standpoint. There was no evidence of psychosis, organicity or significant memory deficits. Insight was psychologically nave; social judgment was grossly intact. Thought content focused on deterioration in her emotional condition in the absence of much needed psychotherapy. According to the information available to the provider, he noted the injured worker's psychological condition remained stationary with permanent disability still rating overall as slight to moderate based on Worker's Compensation guidelines. Documentation of current medication regimen and doses were not submitted for this review. As of a physician's progress report signed on 06/30/2014 and covering periods 06/01/2014-06/30/2014, subjective complaints included depression, anxiety, chronic pain, irritability and sleep disturbance. According to the provider the injured worker used up her 6 authorized sessions of therapy and that therapy helped prevent regression and kept the injured worker active and non-suicidal. Diagnosis included depressive disorder. On 08/19/2014, Utilization Review

denied Klonopin 2 mg once at bedtime #45, Ambien 10 mg one at bedtime #45 and modified the request for monthly psychotropic medication management one session per month for six months. According to the Utilization Review physician, there was no indication on the most recent note of an indication for the prescription of Klonopin. In regards to Ambien, the most recent note did not indicate benefit, duration or symptoms of insomnia. In regards to the psychotropic medication management sessions, the Utilization Review physician noted that there was no indication that the injured worker's medications have been adjusted and there was no data regarding side effects, specific response to each medication and the planned duration of treatment. The request for six monthly sessions is not consistent with treatment guidelines. The UR decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication one session per month for six 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, Mental Illness & Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Stress-related Conditions 391 and 398, Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for referral to psychiatrist for monthly psychotropic medication one session per month for six months, the American College of Occupational and Environmental Medicine Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression be referred to a specialist, or if there are any red flag conditions. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Within the documentation available for review, there is documentation that the injured works is seeing a psychiatrist regularly for management of her psychotropic medication. The most recent progress reports do identify subjective complaints of depression, anxiety, irritability, and sleep disturbances. Furthermore, medical necessity could not be established for two medications (listed below) prescribed by the psychiatrist and tapering should be done under the supervision of the treating physician. In light of these issues, the request for psychiatrist evaluation for monthly psychotropic medication (one session per month for six months) is medically necessary at this time.

Klonopin 3 mg once at bedtime #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/klonopin.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127 Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Klonopin (Clonazepam), Chronic Pain Medical Treatment Guidelines state the 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... 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." Within the documentation available for review, the treating physician documented that the medication helped but there were no objective functional improvement as a result of the use of the medication. Subjective complaints for this injured worker include depression, anxiety, and irritability despite the use of this medication. In the progress report dated 1/16/2014, the treating physician stated: " The patient's been taking these medications for more than a decade. It's medically necessary to continue taking the meds for her well being." However, there was no other rationale provided for long-term use of this medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of these issues, the currently requested Klonopin 3mg #45 is not medically necessary.

Ambien 10 mg one a bedtime #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for Ambien (zolpidem), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the submitted medical records available for review, there was documentation that the injured worker has subjective complaints of sleep disturbances but there was no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Furthermore, the treating physician documented that the

injured worker benefitted from all her medication but there was no statement indicating how the injured worker has responded to Ambien treatment specifically. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In light of these issues, the currently requested Ambien 10mg #45 is not medically necessary.