

<b>Case Number:</b>	CM14-0162663		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old female with a 7/24/02 date of injury. At the time (9/17/14) of the decision for monthly psychotropic 1 session per month for 6 months, Klonopin 2 mg #90, and Restoril 30 mg # 60, there is documentation of subjective (difficulty sleeping) and objective (no pertinent findings) findings, current diagnoses (major depressive disorder and insomnia), and treatment to date (ongoing therapy with Lexapro, Klonopin, Restoril, and Atarax since at least 5/15/14). Medical reports identify a request for monthly medication visits. Regarding Klonopin 2 mg #90 and Restoril 30 mg # 60, there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Klonopin and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic 1 session per month for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office Visits.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that 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 that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and insomnia. In addition, there is documentation of a request for monthly medication visits and that the patient is currently utilizing psychotropic medications. However, the proposed number of medication management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for monthly psychotropic 1 session per month for 6 months is not medically necessary.

**Klonopin 2 mg #90:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and insomnia. However, given documentation of ongoing treatment with Klonopin since at least 5/15/14, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Klonopin. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 2 mg #90 is not medically necessary.

**Restoril 30 mg # 60:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in

the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and insomnia. However, given documentation of ongoing treatment with Restoril since at least 5/15/14, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Restoril. Therefore, based on guidelines and a review of the evidence, the request for Restoril 30 mg # 60 is not medically necessary.