

<b>Case Number:</b>	CM14-0211272		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/15/2000
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 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 44-year-old male with a 7/15/00 date of injury. At the time (12/2/14) of request for authorization for Psychotherapy, Lorazepam 1mg, and Ambien CR 12.5mg, there is documentation of subjective (symptoms of bipolar disorder and panic attacks) and objective (sad, depressed and anxious mood, and a fearful and anxious affect) findings, current diagnoses (chronic pain, bipolar disorder, panic attacks, and anxiety), and treatment to date (12 psychotherapy sessions authorized on 8/20/14, antipsychotic medications, and ongoing therapy with Lorazepam and Ambien since at least 8/7/14). Regarding Psychotherapy, 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 or medical services as a result of psychotherapy provided to date. Regarding Lorazepam 1mg, 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 Lorazepam use to date. Regarding Ambien CR 12.5mg, there is no documentation of insomnia, short-term (two to six weeks) treatment of insomnia, 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 Ambien use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). 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 no documentation of diagnoses of chronic pain, bipolar disorder, panic attacks, and anxiety. In addition, there is documentation of at least 12 previously authorized psychotherapy sessions, which exceeds guidelines. Furthermore, 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 or medical services as a result of psychotherapy provided to date. Lastly, given documentation of a request for Psychotherapy, there is no documentation of the frequency and duration requested. Therefore, based on guidelines and a review of the evidence, the request for Psychotherapy is not medically necessary.

**Lorazepam 1mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness Guidelines .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use 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 no documentation of diagnoses of chronic pain, bipolar disorder, panic attacks, and anxiety. However, given documentation of ongoing treatment with Lorazepam since at least 8/7/14, 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 Lorazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam 1mg is not medically necessary.

**Ambien CR 12.5mg:** Upheld

**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 Guidelines

**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 Chapter, Zolpidem; Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 no documentation of diagnoses of chronic pain, bipolar disorder, panic attacks, and anxiety. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 8/7/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, 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 Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5mg is not medically necessary.