

<b>Case Number:</b>	CM15-0018861		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/29/2001
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male with a reported date of injury of 03/29/2001. The diagnosis includes prolonged post-traumatic stress disorder secondary to alleged harassment. Treatments have included oral medications. The injured worker presented on 01/08/2015 for a follow up evaluation, as well as a medication refill. The physician noted the injured worker was not doing well, and all symptoms of severe PTSD were still causing a great deal of distress. The symptoms continued to interfere with the injured worker's ability to function. The injured worker was depressed, isolative, emotionally disconnected, and suffered from insomnia and nightmares. In addition, the injured worker had intermittent flashbacks during the day, and had cut himself off from all family members and friends. The injured worker also had intermittent suicidal ideation without current intent or plan. In order to provide a more effective treatment for the injured worker, the physician recommended weekly visits for 45 minute psychotherapy sessions. Laboratory testing was recommended; however, the medical rationale was not provided. Medications included temazepam 30 mg, diazepam 10 mg, Seroquel XR 300 mg, Viibryd 40 mg, and guanfacine 2 mg. A Request for Authorization form was submitted on 01/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

**Decision rationale:** California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven, and there is a risk of dependence. In this case, the injured worker has utilized diazepam 10 mg since at least 07/2011. The guidelines would not support long term use of this medication. There is also no mention of functional improvement as a result of the ongoing use of this medication. The request as submitted failed to indicate the specific frequency. Given the above, the request is not medically necessary.

**Temazepam 30mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

**Decision rationale:** California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven, and there is a risk of dependence. In this case, the injured worker has utilized temazepam 30 mg since at least 07/2011. The guidelines would not support long term use of this medication. There is also no mention of functional improvement as a result of the ongoing use of this medication. The request as submitted failed to indicate the specific frequency. Given the above, the request is not medically necessary.

**Nutritional assessment -- blood work up: 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 Page(s): 70.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Blood and urine screening are not considered standard

practice or a standard part of the treatment for this injured worker's diagnoses. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

**Urine testing -- 24 hour:** 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 Page(s): 70.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Blood and urine screening are not considered standard practice or a standard part of the treatment for this injured worker's diagnoses. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

**Comprehensive health evaluation of all organ systems via blood testing:** 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 Page(s): 70.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Blood and urine screening are not considered standard practice or a standard part of the treatment for this injured worker's diagnoses. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.