

<b>Case Number:</b>	CM15-0127421		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 sustained an industrial injury on 08/30/2010 when attempting to sit down on a rolling chair, it moved and he fell. The injured worker is status post left shoulder arthroscopy with acromioplasty, distal clavicle excision and joint debridement in December 2013 and left carpal tunnel release on March 30, 2015 secondary to the injury. The injured worker was diagnosed with post-traumatic stress disorder, major depressive disorder, anxiety and paranoia. Treatment to date has included diagnostic testing, steroid injections, physical therapy, acupuncture therapy, psychiatric evaluation and hospitalization, individual and group psychotherapy sessions, cognitive behavioral therapy (CBT) and medications. According to the primary treating physician's progress report on June 3, 2015, the injured worker continues to experience nightmares. The injured worker was alert, oriented with guarded and passive-aggressive behavior. The injured worker wore sunglasses throughout the visit making limited eye contact. Affect was flat with circumstantial thought process. The injured worker denies suicidal or homicidal thoughts however he reports that if he feels he will be confronted he would confront someone before they get to him. Current medications are listed as Wellbutrin XL, Seroquel, Diazepam and Latuda. Treatment plan consists of continuing with medication regimen and the current request for additional cognitive behavioral therapy (CBT) times 6 sessions and Diazepam 2mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy quantity 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

**Decision rationale:** The claimant sustained a work-related injury in August 2010 and underwent left shoulder surgery in December 2013 and a left carpal tunnel release in March 2015. He continues to be treated for anxiety, depression, paranoia, and PTSD. When seen, he was continuing to experience nightmares. The claimant was prescribed Wellbutrin XL, Seroquel, Diazepam, and Latuda. Cognitive behavioral therapy has been provided since July 2012. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the claimant has had cognitive behavioral therapy for nearly three years. This request for more cognitive behavioral therapy was not medically necessary.

**Diazepam 2mg quantity 120: Upheld**

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

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

**Decision rationale:** The claimant sustained a work-related injury in August 2010 and underwent left shoulder surgery in December 2013 and a left carpal tunnel release in March 2015. He continues to be treated for anxiety, depression, paranoia, and PTSD. When seen, he was continuing to experience nightmares. The claimant was prescribed Wellbutrin XL, Seroquel, Diazepam, and Latuda. Cognitive behavioral therapy has been provided since July 2012. Diazepam is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety which may be occurring in this case. Gradual weaning is recommended for long-term users. Continued prescribing of diazepam may actually be increasing his anxiety and is not medically necessary.