

Case Number:	CM15-0176107		
Date Assigned:	09/17/2015	Date of Injury:	01/22/2015
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on 01-22-2015. He was diagnosed with post-traumatic stress disorder. According to a progress report dated 08-11-2015, the provider noted that the injured worker had excellent interval improvement with conjunction with Lexapro. Deplin had recently been added to the medication regimen. Improved daytime energy 30 plus % with a diagnostic trial of Deplin was noted. The injured worker reported some "decent interval improvement" in the right forearm release with still dense numbness. There was still some intermittent swelling depending on how much he did. The injured worker was alert and lucid and in no acute distress. Mood was pleasant and more upbeat. He still did not have specific goals for the future but was encouraged that treatment was in progress. Musculoskeletal examination demonstrated tenderness and swelling about the lateral right forearm with some indurations. He was able to "muster a good grip". Neck rotation was intact. He was able to stand and walk with slight guarding. Flexion and extension were not tested. There was no evidence of tangentiality with mood. Assessment included post-traumatic stress disorder. The injured worker was off work. Permanent and stationary status had not been reached. The treatment plan included continuing psychotherapy, entry into first responder retreat and prescriptions for Deplin and Flexeril. He was advised to discontinue Lexapro in the event of a serotonin syndrome. An authorization request dated 08-11-2015 was submitted for review. The requested services included 12 additional cognitive behavioral sessions, entry into first responder retreat, Deplin and Flexeril. On 08-24-2015, Utilization Review non-certified the request for cognitive behavioral therapy 12 sessions and Flexeril 10 mg 180 count and certified the request for Deplin 15 mg 360 count and entry into the first responder retreat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: According to the guidelines, CBT is recommended for 3-4 visits over 2 weeks after failure of physical medicine. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks can be provided. In this case, the claimant already had 12 sessions of CBT. There was some improvement. However, the request for an additional 12 sessions exceeds the guidelines recommendations. As a result, the request for 12 additional sessions of CBT is not medically necessary.

Flexeril 10 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months. Recent examination did not note any muscle spasms. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.