

<b>Case Number:</b>	CM15-0092300		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 38 year old female, who sustained an industrial injury on 05/09/2013. She has reported injury to the neck, right knee, and right ankle. The diagnoses have included cervical spine sprain; lumbar muscle strain; right ankle tendon strain; and major depressive disorder, recurrent, moderate. Treatment to date has included medications, diagnostics, cervical trigger point injection, psychotherapy, and home exercise program. Medications have included Tylenol #3, Flexeril, Prozac, Ativan, and Restoril. A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of depression getting better, but she is still tearful; and sleeps four to six hours per night. Objective findings included functional benefit with medications and medication management; she has been taking these medications for more than a year; and she is better able to execute functions of daily living. The treatment plan has included the request for 6 sessions of monthly psychotropic medication management; 90 Ativan 0.5mg; and 45 Restoril 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of monthly psychotropic medication management: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for 6 sessions of monthly psychotropic medication management is excessive and not medically necessary since the injured worker is being continued on some medications such as Ativan and Restoril which are recommended for short term use only. Also, the other psychotropic medications being continued for her such as Prozac do not require such close monitoring needing six more office visits. Thus, the request for 6 sessions of monthly psychotropic medication management is excessive and not medically necessary.

**90 Ativan 0.5mg:** 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 Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 0.5 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Ativan 0.5mg #90 is excessive and not medically necessary.

**45 Restoril 30mg:** 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 Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Restoril 30mg #45 is excessive and not medically necessary.