

## CLIENT #1 – Denied – did not meet medical necessity

### Diagnosis:

[CLIENT] is diagnosed with Opiate use disorder, Severe; Sedative hypnotic or anxiolytic use disorder – induced sleep disorder, with moderate or severe use disorder; Major Depressive Disorder - recurrent episode, Moderate; PTSD

Client is a 21 y/o male to female transgender with substance abuse history starting at the age of 14 years old. She admitted to our facility on XX/XX/2015 (*tested positive for benzos, anti-depressants, oxycontin, and amphetamine*), after being kicked out of [TREATMENT FACILITY] for relapsing on heroin and meth. She presented with pinpoint pupils and gait was unsteady and shuffling. Client has also had 3 seizures due to benzo withdrawal. Client has been using Heroin daily up until XX/XX/2015 [ADMISSION] as well as methadone, suboxone, subutex, methamphetamine, and Xanax. Other substances include: ocycontin, dilaudid fentanyl, LSD, mushrooms, MDMA, cocaine, crack, marijuana, and alcohol. Client has endured physical, sexual and emotional abuse since she was a child. Her father used to hit her across the head, sometimes using items such as a shotgun. She was raped at the age of 19 by an unknown person as she was walking home from work. Both father and ex-boyfriend abused the client physically and emotionally. Family history of addiction with her aunt being addicted to crack, her brother smokes marijuana and paternal grandfather is an alcoholic. Withdrawal symptoms included: anxiety, agitation, body aches, nausea, abdominal cramping. She was also waking frequently throughout the night due to nightmares.

Client states that all her friends use drugs and she has lost interest in all leisure and recreational activities. She reports having poor health as well as Hep C. Past experience of trauma continues to impact her self-worth, such as having to engage in escorting in order to find means for her substances. She has had a history of suicidal ideation, but plan was to use substances until she died. At the age of 15, client overdosed on Xanax accidentally and was admitted to the hospital for a total of 2 weeks for danger to self.

Insurance ultimately decided that the client only needed 12 days of Intensive Outpatient and then dropped to routine Outpatient **as she did not meet medical necessity**. They felt that she could learn the coping skills necessary in a lower level of care.

