

<b>Case Number:</b>	CM13-0010050		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient states that on 04/28/2004 during the course of employment, he sustained an injury to his neck and back. The patient states that he was pulling a piece of cabinetry to place on a dolly and stepped on a piece of Formica and slipped. He fell on his buttocks and the furniture fell on him and hit his head and face. He felt immediate pain to his lower back. He was able to get up on his own and reported the injury to his supervisor. His back pain was worsening and he developed pain to his neck due to the blow to his face. The patient has been treated with Prosom, bupropion and buspirone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Cognitive Behavioral Therapy Sessions: 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): 23.

**Decision rationale:** In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. There was no evidence of the results of any psychotherapy at all in the records provided to this reviewer. As such there is no evidence of an Initial trial of 3-4 psychotherapy

visits over 2 weeks. Six psychotherapy sessions exceeds that guideline of a trial of 3-4 and as such are not medically necessary per MTUS.

**6 Biofeedback Sessions: 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): 24, 25.

**Decision rationale:** In this case the number of biofeedback sessions requested, six, exceeds the 4 visit trial limit set forth by the guidelines above. The records provided to this reviewer did not show any evidence of biofeedback being done nor of any results of any biofeedback. The quantity requested, six, is not medically necessary.

**Buspar 10mg #60: Overturned**

**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): 4, 6, 14 & 16. Decision based on Non-MTUS Citation SSRI, SNRI, Benzodiazepine medications and the Official Disability Guidelines (ODG), Anxiety Medications in Chronic Pain

**Decision rationale:** In this case buspar is being used to apparently target anxiety. There was no information about duration of treatment, side effects, or efficacy of buspar in the records provided to this reviewer. However, the use of buspar itself is well documented, and the request is only for #60. Since buspar is recommended in the ODG and the patient is stable on it now, it is my opinion that #60 Buspar are medically necessary for anxiety per guideline above.

**Prosom 2mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

**Decision rationale:** In this case prosom was already being denied in July 2013. This review is being done over six months later. Prosom should not be used more than 6 weeks per guideline above. As such at this writing prosom is not medically necessary for this patient as it has been longer than six weeks since use was started.

**Wellbutrim 100mg #60 with 2 refills: Overturned**

**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 Wellbutrin® (bupropion) Page(s): 125.

**Decision rationale:** In the present case, the patient is stable on wellbutrin and she would likely experience instability if bupropion were stopped. As such, bupropion 100 mg #60 with two refills is medically necessary per guideline.

## **2 Medication Managements Sessions: Overturned**

**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): 27 & 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits and American Psychiatric Association Practice Guidelines(psychiatryonline.org).

**Decision rationale:** This reviewer notes that National standards of care require that the patient receives a minimum of eight meds management session over a twelve month period in order to assess the efficacy of the medications such as buspar and bupropion. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. For the case at hand, the patient is on bupropion and buspar, needs monitoring and information from this monitoring needs to be shared in the record in the future. Two medication management visits are medically necessary.