

<b>Case Number:</b>	CM13-0013500		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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:

This is a 70-year-old who has reported widespread pain and mental illness after a head contusion on October 24, 2012. Painful areas include the head, neck, shoulders, legs, and back. He has reported depression, anxiety and stress from work and the injury. There are no reports from a treating psychiatrist or treating physician which describe the specific indications, length of use, and results of using the medications under review. On July 15, 2013 the treating psychologist provided a permanent and stationary report. He noted ongoing mental illness and a long list of treatments and physicians. Treatment had included individual and group psychotherapy, bupropion, buspirone, and estazolam. Substantial functional, social, and work deficits remain. He was unable to perform usual activities of daily living. Psychological symptoms are substantial and greatly limiting. Diagnoses include depression, cognitive disorder, and "psychological factors affecting medical condition". Current disability was described as "temporarily totally disabled". Further treatment was to include the items under Independent Medical Review. There was no discussion of the specific results of any treatment to date. On August 15, 2013 Utilization Review certified cognitive behavioral therapy for four sessions, one medication management session, and biofeedback for 4 sessions. Prosom, bupropion, and Buspar were non-certified. The Utilization Review decisions were supported by MTUS citations. Note was made of the lack of psychiatric reports regarding the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY (CBT) WITH INDIVIDUAL OR GROUP ONCE EVERY OTHER FOUR WEEKS, THIRTEEN SESSIONS TOTAL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 - 402, Chronic Pain Treatment Guidelines Page(s): 8-9, 23, 24, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy for Depression

**Decision rationale:** The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of CBT is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is three to four visits. The maximum quantity of visits for CBT is 10. The treating physician has not provided specific information regarding the results, modalities, duration, and quantity of psychotherapy provided to date. It is clear from the treating psychologist report that this injured worker has benefitted only minimally, if at all, from the psychotherapy to date. Work status remains TTD, which implies near bedbound status, profound disability, lack of functional improvement, and failure of medical treatment to date. No specific benefit of treatment was described. The Official Disability Guidelines recommend up to 20 visits of cognitive behavioral therapy if progress is being made. The request for cognitive behavioral therapy with individual or group once every other four weeks, thirteen sessions total, is not medically necessary or appropriate.

**FOUR SESSIONS OF MEDICAL MANAGEMENT: 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 Chronic Pain Programs, Early Intervention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Office Visits.

**Decision rationale:** The request for medical management is non-specific but is presumed to refer to visits for management of psychiatric medications. There are no reports from a prescribing physician which discuss the indications, length of use, and results for any of the psychiatric medications. The specific medical necessity for visits to manage medications cannot be determined without this information. The medications listed in this Independent Medical Review are not medically necessary and do not require office visits. The Official Disability Guidelines recommend office visits "as determined to be medically necessary". The request for four sessions of medical management is not medically necessary or appropriate.

**PROSOM 2MG, THIRTY COUNT: 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.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use for any condition. The available reports refer to ongoing, chronic use beyond the acute use allowed in the Chronic Pain Medical Treatment Guidelines. The request for Prosom 2mg, thirty count, is not medically necessary or appropriate.

**BUPROPION 100MG, THIRTY COUNT:** 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): 16. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental & Stress Chapter, Antidepressants

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, bupropion showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. The Official Disability Guidelines recommends bupropion for depression. However, no medication is indicated for long term use absent evidence of efficacy and absence of significant side effects. In this case, there is no evidence of efficacy and no reports from the prescribing physician which address specific benefits and results of use. The request for Bupropion 100mg, thirty count, is not medically necessary or appropriate.

**BUSPAR 10MG, THIRTY COUNT:** 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) Pain (Chronic) Chapter, Generalized Anxiety treatment.

**Decision rationale:** The MTUS does not address buspirone. Per the Official Disability Guidelines, buspirone is for short-term relief of anxiety. Its efficacy is reduced in patients with recent prior benzodiazepine use. There are no reports from the prescribing physician which address this medication. No medication is indicated for long term use absent evidence of efficacy and absence of significant side effects. In this case, there is no evidence of efficacy and no reports from the prescribing physician which address specific benefits and results of use. The request for Buspar 10mg, thirty count, is not medically necessary or appropriate.