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| <b>Case Number:</b>   | CM13-0035079 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 02/19/2003 |
| <b>Decision Date:</b> | 08/01/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

The patient is a 50 year old female who was injured in February 2003. She has been complaining of low back pain radiating to her right buttock. She was complaining of depressive symptoms and had suicidal ideation but no plan. She was being prescribed Pristiq 100 mg daily and Provigil 100 mg daily. In October of last year she saw a psychiatrist who added Abilify, apparently with a resulting improvement in her depression. Coverage has been sought for 12 sessions of cognitive behavioral therapy (CBT) and 15 Fentanyl patches 25mcg. Coverage for the CBT has been denied and coverage for the Fentanyl was modified to 5 patches. This represents an appeal of the previous decision to deny coverage for 12 CBT sessions and the original request for coverage for 15 Fentanyl patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment, page 23 Page(s): 23.

**Decision rationale:** The psychiatrist who saw the patient in October did not indicate a diagnosis, nor did he make a recommendation for CBT and the records indicate that her depression improved with the addition of Abilify. According to the above cited reference CBT is recommended. However, the guidelines indicate an initial series of 3-4 treatments and with evidence of improvement up to 6-10 treatments. The request exceeds the number of sessions recommended by the evidence based guideline and does not allow for the evaluation of the efficacy of the interventions. As such the request for coverage for 12 sessions is not medically necessary.

**PRESCRIPTION OF FENTANYL 25 MICROGRAMS (MCG) EVERY HOUR #15:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatment, pages 80 and 93 Page(s): 80,93.

**Decision rationale:** The above guidelines indicate that there is a significant risk for aberrant drug taking behavior in patients who are on opiates for low back pain. They also indicate that Fentanyl should be applied every 72 hours, not every 48 hours as has been the case in this instance. Its use should be confined to patients whose pain cannot be managed by other means and those who have developed a tolerance to alternative opioids. The information submitted for review does not indicate that the patient meets these parameters and given the admonition about addiction in patients with chronic back pain, medical necessity for this medication is not medically necessary.