

<b>Case Number:</b>	CM13-0038179		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/08/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 New York. 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 is a 63-year-old male with date of injury of 9/1999. He is diagnosed with Major Depressive Disorder, PTSD and, Pain Disorder associated with psychological factors and general medical condition. Patient reports ongoing depressed mood with insomnia & lethargy, as well as anxiety, difficulty with concentration, poor libido, reduced pleasure from previously enjoyed activities and social withdrawal in the context of ongoing pain from his injury and concern about his inability to be productive with instrumental ADLs and work. He has been attending individual psychotherapy since 5/8/2012. Patient has attended some group therapy with a wellness focus and feels that he has benefited from the meetings with improved mood and affect after group.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, depression section.

**Decision rationale:** The ODG guidelines for depression recommend 6 visits of CBT over 6 weeks and then with functional improvement, a total of up to 13-20 visits over 13-20 weeks. His improvement has been only marginal despite some years of psychotherapy and there is no indication of any specific discernable functional improvement. According to the ODG guidelines further psychotherapy sessions should not be provided and are not medically necessary.

**12 group therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Group Therapy Section and 1 American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder 2010, pp 48-49.

**Decision rationale:** The California MTUS does not address group therapy. The ODG does address group therapy for PTSD stating "group treatment should be considered for patients with PTSD" and the APA guidelines note "group therapy has some evidence to support its use." The patient reports benefits to mood and pain levels since attending group. Group therapy sessions are thus indicated and medically necessary.

**Wellbutrin XL 150mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16, 27.

**Decision rationale:** While the MTUS states that Wellbutrin has "shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." The APA Guideline endorses the use of Wellbutrin for the treatment of Major Depressive Disorder which is what the medication is being used here. Therefore continued Wellbutrin at the same dose and frequency (which the patient has been taking with some benefit) is indicated for both the neuropathic components of his pain as well as his depressive symptoms, is indicated and medically necessary for now. The medication should be authorized for a further 3 months during which time I'd recommend a review of his current medication regimen: his medication regimen appears to be offering just modest benefit (he remains with residual symptoms and poor functioning) but the risks of suddenly stopping the medication are great and the medications should thus be continued at least in the short term while a more effective plan is devised.

**Neurontin 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The MTUS guidelines endorse the use of Neurontin for neuropathic pain. This patient has chronic neuropathic pain. Therefore continued Neurontin at the same dose and frequency (which the patient has been taking with notable benefit) is indicated and medically necessary for now. The medication should be authorized for a further 3 months during which time I'd recommend a review of his current medication regimen: his medication regimen appears to be offering just modest benefit (he remains with residual symptoms and poor functioning) but the risks of suddenly stopping the medication are great and the medications should thus be continued at least in the short term while a more effective plan is devised.

**Remeron 15mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants for treatment of PTSD, Insomnia Treatment.

**Decision rationale:** The ODG Guidelines recommend Remeron as both a treatment for PTSD as well as for depression, particularly for those patients with insomnia. The patient has been taking Remeron already with notable benefit and it's continued use (at the same dose and frequency) is indicated and medically necessary for now. The medication should be authorized for a further 3 months during which time I'd recommend a review of his current medication regimen: his medication regimen appears to be offering just modest benefit (he remains with residual symptoms and poor functioning) but the risks of suddenly stopping the medication are great and the medications should thus be continued at least in the short term while a more effective plan is devised.