MAXIMUS Federal Services

Case Number:	CM13-0045069		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2007
Decision Date:	03/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neurology, 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:

According to the records made available for review, this is a 53-year-old female with a 9/14/07 date of injury. At the time of request for authorization for Cognitive Behavioral Therapy, weekly for 6 to 12 weeks, Cymbalta 60mg Qam #30, Cymbalta 30mg Qpm #30 (total 90mg daily), and Lunesta 3mg QHS #30, there is documentation of subjective (improvement in depression and anxiety, more pain in the neck and right shoulder areas as well as headaches, disturbed sleep due to pain, and difficulty concentrating) and objective (constricted affect and fair insight) findings, current diagnoses (major depressive disorder, first episode; pain disorder associated with both psychological factors and general medical condition; and chronic pain and discomfort, physical limitations, financial difficulties and fear of losing job), and treatment to date (physical therapy, medications (Cymbalta and Lunesta), and home exercise program). Plan indicates continue with Cymbalta and Lunesta, request for authorization of cognitive behavioral therapy, and to continue with supportive therapy. given the documentation of requests for cognitive behavioral therapy as far back as August 2012, without documentation of any therapy notes, there is no (clear) documentation if cognitive behavioral therapy has already been provided, and if therapy guidelines have been exceeded or will be exceeded with the additional request. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, weekly for 6 to 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy, and the FDA package inserts.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of chronic pain and anxiety/depression. However, given documentation of multiple medical reports (as far back as August 2012) treatment plan identifying requests for authorization for cognitive behavioral therapy, and to continue with supportive therapy, without documentation of any therapy notes, there is no (clear) documentation if cognitive behavioral therapy has already been provided, and if therapy guidelines have been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for Cognitive Behavioral Therapy, weekly for 6 to 12 weeks is not medically necessary.

Cymbalta 60mg Qam #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy, and the FDA package inserts.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. Within the medical information available for review, given documentation of a diagnosis of major depressive disorder and chronic pain, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg Qam #30 is medically necessary.

Cymbalta 30mg Qpm #30 (total 90mg daily): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy, and the FDA package inserts.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. Within the medical information available for review, given documentation of a diagnosis of major depressive disorder and chronic pain, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30mg Qpm #30 (total 90mg daily) is medically necessary.

Lunesta 3mg QHS #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy, and the FDA package inserts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomina treatment.

Decision rationale: MTUS does not specifically address this issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes eszopicolone (Lunesta). In addition, Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, given documentation of disturbed sleep due to pain, there is documentation of insomnia characterized by difficulty with sleep maintenance. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg QHS #30 is medically necessary.