

Case Number:	CM13-0051590		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2013
Decision Date:	06/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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:

The injured worker is a 39 year old female injured on 08/27/13 as a result of repetitive heavy lifting and moving of heavy objects and prolonged standing and walking. Current diagnoses include depressive disorder, anxiety disorder, psychological factors affecting medical condition, lateral epicondylitis, and whiplash sprain/strain. Treatment to date includes physical therapy, chiropractic treatment, multiple psychiatric evaluations, and medication management. Clinical note dated 11/04/13 indicates the injured worker complained of persistent headache originating from the cervical spine with radiation to the right upper extremity. Orthopedic consult and chiropractic sessions were requested. The psychiatric evaluation performed on 10/31/13 indicates the injured worker received benefit from cognitive behavioral psychotherapy provided by [REDACTED] with the provision of stress reduction biofeedback. The injured worker reported the treatment helped with depression, anxiety, insomnia, and socializing and energy level. However, it is noted the injured worker remained symptomatic with residuals requiring further treatment in areas of depression, anxiety, decreased cognition, and social withdrawal. The initial request for 6 sessions of cognitive behavior psychotherapy (CBT), 6 sessions of biofeedback, Wellbutrin 100mg 60 1 Q AM/Q noon, Buspar 10mg #60 1 BID, Prosom 2mg #30 1 QHS PRN, Fioricet #45 1 BID PRN 1 refill was initially non-certified on 11/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The injured worker reported the previous CBT helped with depression, anxiety, insomnia, and socializing and energy level. However, it is noted the injured worker remained symptomatic with residuals requiring further treatment in areas of depression, anxiety, decreased cognition, and social withdrawal. The request for 6 sessions of cognitive behavior psychotherapy (CBT) is appropriate and within guidelines and is recommended as medically necessary.

6 SESSIONS OF BIOFEEDBACK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (Psychological treatment). Decision based on Non-MTUS Citation ODG Behavioral Therapy (CBT), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: Current guidelines recommend biofeedback as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. A trial of 3-4 visits is recommended, with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). Documentation indicates the injured worker reported the previous CBT helped with depression, anxiety, insomnia, and socializing and energy level. The psychiatric evaluation performed on 10/31/13 indicates the injured worker received benefit from cognitive behavioral psychotherapy provided by [REDACTED] with the provision of stress reduction biofeedback. However, it is noted the injured worker remained symptomatic with residuals requiring further treatment in areas of depression, anxiety, decreased cognition, and social withdrawal. As such, the request for 6 sessions of biofeedback is recommended as medically necessary.

WELLBUTRIN 100MG 60 1 QAM/QNOON: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Bupropion (Wellbutrin[®] 1/2), Page(s): 125.

Decision rationale: As noted on page 125 of the Chronic Pain Medical Treatment Guidelines, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. The clinical documentation indicates the injured worker is currently under the care of a clinical psychiatrist for the diagnosis of major depressive disorder. As such, the request for Wellbutrin 100mg 60 1 QAM/QNoon is recommended as medically necessary.

BUSPAR 10MG #60 1 BID: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/buspar-drug/indications-dosage.htm>

Decision rationale: As noted in current evidenced based guidelines, BuSpar (Buspirone) is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. The clinical documentation indicates the injured worker reports symptoms associated with anxiety which was being addressed during CBT. As such, the request for Buspar 10mg #60 1 BID is recommended as medically necessary.

PROSOM 2MG #30 1 QHS PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/prosom-drug.htm>

Decision rationale: As noted in current evidenced based guidelines, ProSom (Estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Documentation indicates the injured worker has utilized the medication for chronic insomnia without improvement. Additionally, there is no further documentation regarding reevaluation of the medication's efficacy in recent documentation. As such, the request for Prosom 2mg #30 1 QHS PRN cannot be recommended as medically necessary.

FIORICET #45 1 BID PRN 1 REFILL: 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
Barbiturate-containing analgesic agents (BCAs), Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, Fioricet is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. As such, the request for Fioricet [REDACTED] 1 bid prn 1 refill cannot be recommended as medically necessary.