

<b>Case Number:</b>	CM14-0006804		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/19/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Child and Adolescent Psychiatry 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 51 year old female who was injured at work on 3/19/2002. The mechanism of injury is not documented. She was diagnosed with Lumbar Strain/Sciatica and Thoracic Strain. She has experienced persisting chronic low back pain with radiation into her lower extremities. She has received physical therapy and analgesic medications. She later developed symptoms of depression and anxiety. These included sad mood, low energy, anhedonia, low self esteem, and sleep difficulty. She was diagnosed with Major Depression, Severe. Treatment for her mental health symptoms has included individual psychotherapy as well as psychotropic medication. The most recent progress report by the treating psychiatrist is dated 8/19/2013, and this reported that the injured worker continued to experience significant sleep difficulty secondary to somatic and gastrointestinal pain. The doses of the medication Elavil was adjusted, and Gabapentin (Neurontin) added. Additional psychotropic medications listed included Cymbalta and Ativan, as well as prior treatment with Quetiapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Cognitive behavioral therapy session: 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 Behavioral interventions, Treatment for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS guidelines indicate that cognitive behavioral therapy (CBT) is recommended in the treatment of individuals suffering from chronic pain with associated mental health symptoms. It is most beneficial in reinforcing coping skills for pain relief, as well as in screening individuals with risk factors for delayed recovery, including fear avoidance beliefs. An initial trial of 3 - 4 sessions over 2 weeks is recommended, to be followed by additional sessions up to a 6 - 10 session maximum if there has been evidence of objective functional improvement. The injured worker is diagnosed with Major Depression secondary to chronic pain. She has received an unknown number of sessions of individual psychotherapy to date. The most recent progress report by the treating psychiatrist is dated 8/19/13. This is over one year ago, which makes it inadequate in enabling an appropriate determination of the request for 24 cognitive behavioral therapy sessions at the current time. In addition, the number of sessions requested is in excess of the maximum of 10 sessions recommended by the guideline, so that for these reasons the request is not medically necessary.

**8 Medication management sessions:** 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), Office visits.

**Decision rationale:** The ODG indicate that medication management office visits are an important component of the overall treatment of individuals diagnosed with mental health conditions secondary to chronic pain. The frequency and duration of sessions is determined by the severity of symptoms, whether a referral for testing has been made, the presence of missed days of work, as well as for evaluating medication response, adjusting medications, and monitoring for adverse side effects. The injured worker is diagnosed with Major Depression secondary to chronic pain. The most recent progress report by the treating psychiatrist is dated 8/19/13. This is over one year ago, which makes it inadequate in enabling an appropriate determination of the request for 8 medication management sessions. This is because the current medication regimen, the injured worker's response to medication, and any interval clinical changes have not been provided, such that it is not possible to evaluate the appropriate treatment plan for the injured worker at this time, one year later than the 8/9/13 objective report. It is on this basis that the request must be denied as not medically necessary.

**Elavil 50mg, #60:** 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 Antidepressant medications, Specific Antidepressant: Tricyclic antidepressants Page(s): 15 OF 127.

**Decision rationale:** MTUS guidelines indicate that the use of Tricyclic antidepressant medications is useful in the treatment of neuropathic pain. The lowest effective dose should be used. They work in both individuals with normal mood and in those with depressed mood. The medication Elavil (amitriptyline) is a medication in the tricyclic antidepressant class. The injured worker is diagnosed with Major Depression secondary to chronic pain. She has been prescribed Elavil for several years. The most recent progress report by the treating psychiatrist is dated 8/19/13. This is over one year ago, which makes it inadequate in enabling an appropriate determination of the request for Elavil at the current time. This is because the current medication regimen, the injured worker's response to medication, and any interval clinical changes have not been provided, such that it is not possible to evaluate the appropriate treatment plan for the injured worker at this time, one year later than the 8/9/13 objective report. It is on this basis that the request must be denied as not medically necessary.

**Gabapentin 300mg, #90:** 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 Anti-Epileptic Drugs, Specific Anti-Epileptic Drugs: Gabapentin Page(s): 18 OF 127.

**Decision rationale:** MTUS guidelines indicate that Gabapentin has been shown to be effective in the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and that it can produce beneficial effects on mood and quality of life. The injured worker is diagnosed with Major Depression secondary to chronic pain. She was prescribed Gabapentin in 2013 primarily to assist with sleep difficulty. The most recent progress report by the treating psychiatrist is dated 8/19/13. This is over one year ago, which makes it inadequate in enabling an appropriate determination of the request for Gabapentin at the current time. This is because the current medication regimen, the injured worker's response to medication, and any interval clinical changes have not been provided, such that it is not possible to evaluate the appropriate treatment plan for the injured worker at this time, one year later than the 8/9/13 objective report. It is on this basis that the request must be denied as not medically necessary.