

Case Number:	CM14-0054863		
Date Assigned:	08/08/2014	Date of Injury:	02/26/2014
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 50 year old female with date of injury 2/26/2014. Date of the UR decision was 4/16/2014. Report dated 3/26/2014 suggested that she developed depressive and anxious emotional and psychophysiological symptoms reactive to experiences of stress arising from disturbing events at work. Per the report she was experiencing persisting symptoms of depression including sleep disturbance, decreased energy, difficulty thinking, recurring periods of anxiety with symptoms, difficulty staying asleep and falling asleep due to depression, anxiety and worry. She was given the diagnosis of Major Depressive Disorder, single episode, unspecified; Generalized Anxiety Disorder and Psychological Factors Affecting Medical Condition (stress intensified headache, neck/shoulder tension/pain, chest pain, palpitations, peptic acid reaction and constipation). Request for authorization dated 3/26/2014 stated that she would require specialist consultation in internal medicine for symptoms of headache, chest pain, palpitations, peptic acid reaction and constipation; and with chiropractic for symptoms of neck/shoulder tension/pain. Prescriptions provided through the medical staff at that office for Wellbutrin 100mg #60 1qam/1qnoon, Buspar 10mg twice daily #60, Prosom 2mg #30 nightly as needed and Xanax 0.5mg #45 twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illnesschapter, Cognitive therapy for depression.

Decision rationale: ODG Psychotherapy Guidelines recommend: 6 initial sessions over 6 weeks, "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD up to 50 sessions are allowed if progress is being made." Upon review of the submitted documentation, it is indicated that the injured worker would be a good candidate for an initial trial. The request for Cognitive Behavioral Psychotherapy 6 sessions is medically necessary.

Biofeedback sessions x6 over 3-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The request for Biofeedback sessions x6 over 3-6 weeks is not medically necessary per the guideline recommendations.

Internal medicine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to workRequest for authorization dated 3/26/2014 stated that she would require specialist consultation in internal medicine for symptoms of

headache, chest pain, palpitations, peptic acid reaction and constipation. The request is for one internal medicine consultation is medically necessary.

Wellbutrin 100mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®), Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder". It also states "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" The request for Wellbutrin 100mg # 60 is medically necessary for the treatment of the symptoms secondary to Major Depressive Disorder.

Buspar 10mg # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/buspar.html>.

MAXIMUS guideline: Decision based on the Official Disability Guidelines (ODG), Pain, Anxiety medications.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for Buspar 10mg # 60 is medically necessary for treatment of symptoms related to generalized anxiety disorder in the injured worker's case.

Prosom 10mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24,124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The request for Prosom 10mg # 30 is not medically necessary as it is not recommended for long term use.

Xanax 0.5mg # 45 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaningof medications Page(s): 24,124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The request for Xanax 0.5mg # 45 with 2 Refills is not medically necessary as it is not recommended for long term use.