

<b>Case Number:</b>	CM15-0069700		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 46 year old female who sustained an industrial injury on December 8, 2010. She reported a slip and fall with injury to her back. Prior treatment for her injury includes lumbar decompression, physical therapy, and medications. On October 28, 2014 the injured worker had a psychological evaluation. Findings included slight levels of depression and anxiety and preoccupying thoughts about not being able to work. Diagnoses associated with the request include adjustment disorder with mixed anxiety and depressed mood. The treatment plan includes anti-depressant medications, anxiolytic medication and psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Consultations, 6-8 Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines; Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

**Decision rationale:** The injured worker is a 46 year old female who sustained an industrial injury on December 8, 2010. Diagnoses associated with the request include adjustment disorder with mixed anxiety and depressed mood. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. In this injured worker, the primary care physician can treat the symptoms first prior to referral to a r psychiatrist. The records do not substantiate the medical necessity for referral to a psychiatrist. The request is not medically necessary.

**Cognitive Behavioral Therapy (Individual 6-8 Sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 40-41, 88.

**Decision rationale:** Psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The records document a diagnosis of adjustment disorder with mixed anxiety and depressed mood. The primary care physician can treat the symptoms first prior to referral for therapy. Medications were ordered concurrent with the request for therapy. The records do not justify the medical necessity for cognitive behavioral therapy. The request is not medically necessary.

**Wellbutrin XL (extended release) Qty 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Bupropion.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 27.

**Decision rationale:** Per the guidelines, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of wellbutrin is not substantiated in the records. The request is not medically necessary.

**Wellbutrin 300 mg XL, Qty 24: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Bupropion.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 27.

**Decision rationale:** Per the guidelines, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of wellbutrin is not substantiated in the records. The request is not medically necessary.

**Clonidine 0.2 mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed: Psychopharmacol (1986) p 81-87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

**Decision rationale:** Per the guidelines, intrathecal clonidine is recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic and is FDA approved for cancer pain only. There is little evidence that this medication provides long-term pain relief and side effects include hypotension and rebound hypertension (if stopped abruptly). In this injured worker, clonidine is being used orally, not intrathecally and there is no discussion of efficacy, functional improvement or side effects specifically related to clonidine to justify continued use. The medical necessity of clonidine is not substantiated in the records. The request is not medically necessary.