

Case Number:	CM15-0089929		
Date Assigned:	05/14/2015	Date of Injury:	04/18/1995
Decision Date:	06/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old female sustained an industrial injury to the neck, right shoulder and back via cumulative trauma on 4/18/95. Previous treatment included magnetic resonance imaging, physical therapy, right carpal tunnel release, right trigger finger release, massage, psychiatric care and medications. The injured worker was currently being treated for depression and anxiety. In an amended treating psychologist's report with psychological test results dated 3/27/15, the injured worker complained of ongoing depression and anxiety associated with changes in appetite, difficulty sleeping, unprovoked crying episodes, hallucinations, paranoia, decreased motivation, difficulty concentrating and difficulty with socialization and communication. The physician noted that upon examination, the injured worker exhibited abnormal behavior with defensiveness, denial, emotional withdrawal and visible anxiety. Current diagnoses included major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. The treatment plan included a trial of six sessions of cognitive behavioral therapy with biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy (CBT); trial of 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy guidelines for chronic pain, pages 23.

Decision rationale: Per Guidelines, cognitive behavioral therapy treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective and psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Submitted reports have not adequately identified how many behavioral therapy treatments the patient has received for this chronic injury. There are no demonstrated functional benefit derived from previous treatment in terms of decreasing medication dosing, decreasing medical utilization, improving ADLs, functional status not provided here as the patient exhibits continued significant levels of depression, anxiety, and pain. Guidelines criteria include initial trial of 3-4 sessions with further consideration pending objective functional outcome, which has not been demonstrated here. The Cognitive behavior psychotherapy (CBT); trial of 6 sessions is not medically necessary and appropriate.

Biofeedback; trial of 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15, Stress Related Complaints, pages 387-405.

Decision rationale: It is unclear how many biofeedback sessions have been completed. Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of CBT, which has not been demonstrated to provide functional benefit. The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in pharmacological dosages, medical utilization, without progress or change in functional status post treatment already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback; trial of 6 sessions is not medically necessary and appropriate.

Nuvigil 150 mg #309: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nuvigil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Armodafinil (Nuvigil), page 666.

Decision rationale: ODG does not recommend Nuvigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Nuvigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Nuvigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Nuvigil 150 mg is not medically necessary and appropriate.