

Case Number:	CM14-0146582		
Date Assigned:	09/12/2014	Date of Injury:	01/17/2014
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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:

Injured worker is a - year old Mechanism of injury was described as an assault while she was performing her work duties Report dated 4/15/2014 listed subjective complaints as feeling stressed, hopeless, diminished life satisfaction, feeling frequently tearful, irritable, reduced libido, 25 pound weight gain, feeling fatigued all of the time, low self-esteem, was experiencing indecisiveness with social withdrawal and fatigue, nightmares. She was being prescribed Oxazepam (Serax) and Ibuprofen. Psychological testing revealed Beck Depression Inventory score of 32 suggesting moderate levels of depression; GAD-7 score of 21 suggesting severe anxiety; PHQ-9 score of 23 suggested severe depression; PTSD Checklist score of 76 supporting high levels of stress; PHQ-15 score of 26 reported high somatization tendencies; Pain Catastrophizing Scale score of 35 which placed her in 95% for probability of development of chronic pain syndrome. She was diagnosed with Posttraumatic stress disorder per that report. Recommendations for treatment plan per that report included medication management sessions, discontinuing serax due to addictive potential and addition of Lexapro and Trazodone. Report dated 8/5/2014 listed subjective complaints as worsening of nightmares, weight gain on the Sertraline medication, increased appetite. Recommendations included discontinuing the Sertraline and initiating Wellbutrin 150 mg in the morning for treatment of PTSD and mood symptoms without side effect of increased appetite or weight gain and continuation of Amitriptyline 10 mg at bedtime for sleep. Treatment goals were to diminish anxiety, diminish social isolation, diminish anxiety symptoms, diminish PTSD symptoms, increase her sense of safety, normalize sleep and increase daily activities. 12 sessions of Cognitive behavioral therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Cognitive behavior therapy (CBT) for 12 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) <Mental and Stress>, <Cognitive therapy for PTSD>

Decision rationale: ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. (Bisson, 2007) (Deville, 1999) (Foa, 1997) (Foa, 2006) Cognitive therapy is an effective intervention for recent-onset PTSD. (Ehlers, 2003) Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, de-briefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. Number of psychotherapy sessions: There is very limited study of the exact number of sessions needed in a course of psychological or psychiatric treatment. Therefore, ODG recommends that at each visit the provider should look for evidence of symptom improvement, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. ODG Psychotherapy Guidelines: -Initial trial of 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 if progress is being made. The request for Weekly Cognitive behavior therapy (CBT) for 12 Sessions exceeds the guideline recommendations for an initial trial. Thus, the request is not medically necessary.

Bupropion x4 months: 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), 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 submitted documentation reveals the diagnosis of Post-traumatic Stress Disorder. Bupropion could be medically indicated for the injured worker's symptoms however the request for 4 month supply is excessive at this time. The response to the treatment needs to be monitored before a 4 month supply can be authorized. Typically Bupropion takes 3-4 weeks to achieve steady state and thus a request for Bupropion unspecified dose x4 months is not medically necessary.