

Case Number:	CM14-0099189		
Date Assigned:	07/28/2014	Date of Injury:	04/27/2010
Decision Date:	09/18/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine & Rehabilitation, 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:

According to the records made available for review, this is a 46-year-old female with a 4/24/10 date of injury. At the time (6/12/14) of request for authorization for Medication management x 8 visits (1 every 6 weeks for 52 weeks), BDI and BAI x 8 visits (1 every 6 weeks for 52 weeks), Modafinil 100mg, and Lunesta, there is documentation of subjective (continued chronic depression and anxiety, appetite disturbance, diminished energy, impaired concentration and memory, irritability, low self esteem, periods of crying, sleep disturbance, and social withdrawal) and objective (Beck Depression Inventory 41, Beck Anxiety Inventory 26, anxious, depressed, obvious physical discomfort, and poorly groomed) findings, current diagnoses (major depression, single episode, moderate to severe without psychotic features and pain disorder associated with both psychological factors and a general medical condition), and treatment to date (medications (including Provigil, Lunesta, Cymbalta, Wellbutrin, and Doxepin since at least 1/6/14) and psychotherapy). The number of previous psychotherapy sessions cannot be determined. Regarding BDI and BAI x 8 visits (1 every 6 weeks for 52 weeks), there is no documentation of objective functional improvement with previous psychotherapy. Regarding Modafinil 100mg, there is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Modafinil use to date. Regarding Lunesta, there is no (clear) documentation of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Lunesta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management x 8 visits (1 every 6 weeks for 52 weeks): 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 & Stress, Office visits.

Decision rationale: MTUS does not address the issue. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of major depression, single episode, moderate to severe without psychotic features and pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation that the patient is receiving medications (including Provigil, Lunesta, Cymbalta, Wellbutrin, and Doxepin). However, the proposed number of medication management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

BDI and BAI x 8 visits (1 every 6 weeks for 52 weeks): 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 Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depression, single episode, moderate to severe without psychotic features and pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation of previous psychotherapy. However, there is no documentation of the number of previous psychotherapy sessions. In addition, there is no documentation of objective functional improvement with previous psychotherapy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Modafinil 100mg: 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) Pain, Modafinil (Provigil).

Decision rationale: MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, as criteria necessary to support Modafinil (Provigil). Within the medical information available for review, there is documentation of diagnoses of major depression, single episode, moderate to severe without psychotic features and pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation of sleep disturbance. However, there is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Modafinil use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Lunesta: 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) Chronic Pain Chapter, Insomina treatment.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of major depression, single episode, moderate to severe without psychotic features and pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation of sleep disturbance. However, there is no (clear) documentation of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as

a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.