

<b>Case Number:</b>	CM13-0027339		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female with a reported date of injury on 05/11/2011. The injury reportedly occurred when the injured worker was thrown into a wall. Her diagnoses were noted to include cervical sprain/strain with myofasciitis, lumbar spine degenerative disc disease, stress, anxiety, and depression. Her previous treatments were noted to include physical therapy, chiropractic treatment, and medications. The progress note dated 06/02/2013 revealed complaints of neck/upper back pain as well as headaches. The injured worker complained of reduced and painful range of motion. The injured worker complained of pain to the bilateral shoulder with reduced range of motion secondary to pain. The injured worker complained of pain to the right elbow with a reduced, painful range of motion. The injured worker complained of pain to the bilateral hand/wrist with painful reduced range of motion and numbness. The injured worker complained of pain to the low back that radiated to the right greater left hip and down the right lower extremity. The injured worker indicated she had dark markings on her right leg/side and the range of motion was reduced and painful. Physical examination to the cervical spine revealed tenderness to palpation over the midline cervical spine and bilateral paraspinal musculatures from the occipital region to the bilateral trapezius, right greater than left. There was pain noted with flexion and extension. There was tenderness noted over the right medial epicondyle. There was decreased sensation noted over the 4th and 5th digits on the right hand. A psychology progress note dated 08/12/2013 revealed the injured worker complained of depression, anxiety, and anger. The injured worker reported she felt helpless, frustrated, and emotional due to her physical condition, and worried excessively about her finances and lack of confidence due to dental problems and increased weight. The objective findings included depression, flat affect, sadness, and anxiety. The injured worker utilized a cane for ambulation. The Request for Authorization form was not submitted within the medical records. The request was for continued

psychotherapy, ropinirole 4 mg #90 (half to 1 tablet 3 times a day), sertraline 100 mg #30 (daily every morning; however, the provider's rationale was not submitted within the medical records). The request was for gabapentin 300 mg (3 times a day #90) for neuropathy, temazepam 30 mg (1 to 2 caplets) #60 as needed for sleep.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONTINUE PSYCHOTHERAPY: 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 Psychological Treatment Page(s): 101-102.

**Decision rationale:** The request to continue psychotherapy is not medically necessary. The injured worker has participated in psychotherapy treatment. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment 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 comorbid 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. 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. The guidelines' approach to pain management that involves psychological intervention has been suggested to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines state if pain is sustained in spite of continued therapy, intensive care may be required from mental health professions allowing for a multidisciplinary pain approach. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks if progress is being made. The guidelines state a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom based outcome measures. There was a lack of documentation of progress being made with previous psychotherapy sessions. Additionally, the request failed to provide the number of sessions requested. There is a lack of documentation regarding the number of sessions completed. Therefore, the request is not medically necessary.

#### **ROPINLROLE 4MG #90 1/2-1 TAB 3X/DAY: 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), Knee and Leg, Restless legs syndrome.

**Decision rationale:** The request for Ropinirole 4mg #90 1/2-1 tab 3x/day is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The Official Disability Guidelines state ropinirole is not considered as a first line treatment and should be reserved for patients who have been unresponsive to other treatments for restless leg syndrome. These agents are useful when dopamine agonists have failed. They may also be useful for treatment of coexisting peripheral neuropathy. There is a lack of documentation regarding the injured worker having restless leg syndrome to warrant ropinirole. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Therefore, the request is not medically necessary.

**SERTALINE 100MG #30 DAILY QAM:** 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 Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The request for SERTALINE 100MG #30 DAILY QAM is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding assessment of treatment efficacy including pain outcomes, improved functional status, sleep quality, and duration. There is a lack of documentation regarding improved functional status and efficacy of this medication. Therefore, the request is not medically necessary.

**GABAPENTIN 300MG TID #90 FOR NEUROPATHY:** 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 Antiepilepsy drugs Page(s): 16.

**Decision rationale:** The request for GABAPENTIN 300MG TID #90 FOR NEUROPATHY is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain, and none for painful radiculopathy. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Therefore, the request is not medically necessary.

**TEMAZEPAM 30MG 1-2 CAPS #60 PRN SLEEP:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The request for TEMAZEPAM 30MG 1-2 CAPS #60 PRN SLEEP is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. There is a lack of documentation regarding efficacy and improved sleep quality and duration with the utilization of this medication. Therefore, the request is not medically necessary.