

<b>Case Number:</b>	CM13-0027989		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry by the American Board of Psychiatry and Neurology (ABPN), has a subspecialty in Child and Adolescent Psychiatry from ABPN and is licensed to practice in New York. 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 physician 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:

This case involves a disabled 39 year old male who sustained a work-related back injury on June 20, 2008 while performing his usual and customary occupational duties as a manual laborer for a building company. Magnetic resonance imaging revealed bilateral lumbar pars interarticularis fractures with spondylolisthesis and intervertebral disk herniation, in addition to disk protrusion and spinal canal stenosis in his cervical spine. He experienced unrelenting neck and back pain with radiculopathy. His pain was initially treated with chiropractic manipulation followed by specialty consultation, steroid injections, medication, physical therapy and a lumbar fusion in late 2010 with hardware removal in early 2013. To manage the chronic pain, by September 2012, the patient was prescribed tizanidine 4mg twice daily as needed, pantoprazole 20mg twice daily, nabumetone 500mg twice daily, hydrocodone 10-325 every four hours as needed, morphine 30mg every eight hours and gabapentin 300mg three times daily. On 9/6/13, due to continued muscle spasms, tizanidine was discontinued and cyclobenzaprine 7.5mg twice daily as needed was prescribed. The requested authorization for cyclobenzaprine was not certified. Prior to his injury, the patient had no psychiatric history. He had not received treatment for psychological, emotional or chemical dependency issues. However, subsequent to said injury, the patient began to feel depressed as early as 2010. His initial symptom complex consisted of but was not limited to feelings of frustration, anxiety and hopelessness. On 7/12/13, the patient completed a psychological evaluation and was diagnosed with major depressive disorder, generalized anxiety disorder and pain disorder associated with both psychological factors and a general medical condition. Following the evaluation, authorization was requested for psychiatric consultation and 12 sessions of Cognitive Behavioral Therapy. The psychiatric evaluation was

certified while an initial trial of four psychotherapy sessions was determined to be indicated; the remaining eight sessions were not certified.

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

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

#### **1 prescription of Flexeril 7.5mg #90 between 9/6/2013 and 11/11/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Lumbar & Thoracic (Acute & Chronic), Muscle Relaxants (updated 12/27/13). Browning R, et al. "Cyclobenzaprine and back pain: a meta-analysis," Archives of Internal Medicine 2001;161(13):1613-20. Borenstein DG, Korn S

**Decision rationale:** Cyclobenzaprine is a muscle relaxant that is commonly prescribed for acute muscle spasticity. According to the Chronic Pain Medical Treatment Guidelines (CPMTG), cyclobenzaprine is recommended for "a short course of therapy." This recommendation cites the work of Browning<sup>1</sup> who stated, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better." According to the Official Disability Guidelines (ODG), "Muscle relaxants are effective in acute low back pain." This patient has chronic back pain dating back to his injury in 2008. There are no well-designed or adequately-powered studies in the medical literature supporting the use of cyclobenzaprine for chronic back and neck pain. Further, such use is not supported by ODG or CPMTG. Thus, the requested authorization is not medically necessary.

#### **12 cognitive behavioral therapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines for Chronic Pain. Chronic Pain Medical Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Behavioral Therapy for Pain (updated 11/18/13). Sharp J, Keefe B. "Psychiatry in Chronic Pain: A Review and Update," FOCUS. 2006; 4(4):573-580. Chou R,

**Decision rationale:** Behavioral pain management therapy is consistent with good medical practice in the United States and supported by peer-reviewed medical literature. It is also recommended by the Official Disability Guidelines and the Chronic Pain Medical Treatment Guidelines which states, "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective," and recommends an initial trial of 3-4 cognitive behavioral psychotherapy visits over two weeks, with evidence of objective functional improvement, total

of up to 6-10 visits over 5-6 weeks. Thus, the requested authorization for 12 sessions is not medically necessary.