

<b>Case Number:</b>	CM13-0031251		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Occupational Medicine 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 18 to 19 sessions of physical therapy; a cervical pillow; and extensive periods of time off of work. The applicant last worked in May 2012. She has been given psychotropic medications and apparently filed a claim for derivative psychological stress; and a cervical epidural steroid injection. In a utilization review report of September 9, 2013, the claims administrator denied a request for four sessions of cognitive behavioral therapy, denied Vistaril, approved Cymbalta, and denied Dendracin cream. The applicant's attorney later appealed. The claims administrator cited several non-MTUS ODG Guidelines, it is noted. An earlier psychotherapy note of April 17, 2013 is notable for comments that this is the applicant's 11th psychotherapy visit. She is having issues with anxiety and depression. She still is having negative thoughts. She is on Cymbalta. She is again placed off of work, on total temporary disability. In an October 1, 2013, note it is stated that the applicant is reportedly eager to continue with cognitive behavioral therapy. It is stated, however, that the applicant had, at one point, reached a "road block" in her recovery. She would like to return to work. Twenty-four (24) additional sessions of cognitive behavioral therapy and pain management are sought on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) sessions of cognitive behavioral therapy CBT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that an initial trial of three to four sessions of psychotherapy should be sought. With evidence of functional improvement, up to 6 to 10 visits can be endorsed. In this case, the applicant has had at least twelve (12) sessions of psychotherapy over the life of the claim. There is no clear evidence of functional improvement. However, the applicant's failure to return to any form of work and continued dependence on various analgesic, adjuvant, and psychotropic medications, taken together, implies a lack of functional improvement with prior psychotherapy. It is noted that it is unclear whether the applicant is alleging stand-alone psychological/psychiatric issues or psychiatric issues secondary to chronic pain. The MTUS/ACOEM Guidelines indicate that an applicant's failure to improve should lead the attending provider to suggest the diagnosis may be incorrect. In this case, the applicant has failed to demonstrate any functional improvement following completion of at least 12 sessions of prior psychotherapy. Therefore, the request is not certified.

**Vistaril: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/vistaril?druglabelid=3067&id=1096>

**Decision rationale:** As noted by the physicians' drug reference (PDR), Vistaril is indicated in the symptomatic relief of anxiety and tension associated with psychoneurosis, as an adjunct in disease states with anxiety, and/or diminished pruritus associated with allergic conditions. In this case, however, the documentation on file does not clearly state how or why Vistaril is being used. The applicant's response to previous usage of Vistaril has not been detailed. It is not clearly stated how or why Vistaril has been beneficial and/or how the applicant has effected functional improvement through ongoing usage of Vistaril. Therefore, the request is not certified.

**Dendracin cream: 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 Topical analgesics Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental. In this case, the applicant is described as using numerous oral agents, including Neurontin, and Relafen at various points in time, effectively obviating the need for the largely experimental Dendracin topical compound. Therefore, the request remains non-certified, on independent medical review.