

<b>Case Number:</b>	CM13-0035740		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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, 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.

### 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 is a 48-year-old male patient with a date of injury on 5/22/03. The patient most recently (5/1/12) presented with neck pain shooting into back of left arm. Physical examination revealed tenderness to palpation over the cervical paraspinal muscles, decreased and painful ROM (range of motion) neck, and increased tone of the left upper extremity. Reported MRI of cervical spine (date unspecified) revealed multilevel cervical degenerative disc disease, C5-6 joint hypertrophy/disc bulge causing mild to moderate central canal stenosis, right foraminal moderate to severe narrowing, and C6-7 small disc bulge; report not available for review. Current diagnoses include C6-7 and C7-T1 disc herniations, traumatic brain injury, migraines, and musculoskeletal pain syndrome. Treatment to date includes medications and Botox injections. Under review is the medical necessity of 12 sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks, as well as with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. This particular patient seemed to benefit from the regular contact with his NP. He decompensated when he fell away from treatment by missing an appointment. The request for 12 sessions of cognitive behavioral therapy is not medically necessary or appropriate.

**Diazepam 10mg, 90 count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case the patient had been on valium for far beyond the recommended maximum of 4-6 weeks. As such, valium does not meet the above cited guideline for medical necessity. The request for Diazepam 10mg, 90 count with two refills, is not medically necessary or appropriate.

**Replax 20mg, 15 count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Treatment with Triptans Section.

**Decision rationale:** According to the ODG, Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex<sup>®</sup>) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. The guidelines specify that triptans such as Relpax are indicated. The Relpax has been documented to be safe and effective for this patient. The patient was described as brittle overall without his medication regimen when he missed an appointment. The request for one prescription of Replax 20mg, 15 count, is medically necessary and appropriate.

**Abilify 15mg, 30 count with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Atypical Antipsychotics Section

**Decision rationale:** In the case of this patient, He also loses focus and concentration, and becomes agoraphobic when the meds including abilify are delayed. In this case, the patient's mood symptoms were well documented. Further, the patients good treatment response to his medication regimen including abilify was well documented over and over in the record. Further, his decompensation off abilify is equally substantiated in the record. The request for one prescription Abilify 15mg, 30 count with 3 refills, is medically necessary and appropriate.