

<b>Case Number:</b>	CM14-0106073		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 08/13/2008. The mechanism of injury was not provided in the submitted report. The injured worker has diagnoses of lumbar strain, moderate, chronic, recurrent progressive pain, grade 1 degenerative spondylolisthesis, L4-5, right L5 radiculopathy, facet syndrome, lumbar spine with associate facet arthropathy, sleep disturbance, strain to the right shoulder with chronic pain secondary to subject specific industrial injury, subacromial impingement syndrome of the right shoulder, degenerative osteoarthritis, acromioclavicular joint to the right shoulder, rotator cuff tear of the right shoulder, history of bilateral upper extremity repetitive stress injury, right wrist mild motor and moderate sensory demyelinating median mononeuropathy, left wrist mild motor and severe sensory demyelinating median mononeuropathy, chronic pain induced depression and anxiety, and progressive worsening of lumbosacral pain. Past medical treatment for the injured worker consists of physical therapy, interventional pain management, cognitive behavioral training, the use of a TENS unit and medication therapy. Medications include Norco 10/325 2 times a day, trazodone 50 mg 1 tablet at night, Lyrica 100 mg 1 capsule at night, Cymbalta 60 mg 1 tablet at night, Nabumetone 750 mg 1 tablet 2 times a day, Levothyroxine 170 mg 1 tablet every day, atenolol 50 mg 1 tablet every day, HCTZ 12.5 mg 1 tablet daily, omeprazole 20 mg 1 capsule as needed. Diagnostics include EMG of the upper extremities, which was performed on 11/11/2013. The injured worker is status post arthroscopic subacromial decompression of the right shoulder on 01/22/2009. The injured worker was also status post excision of the lateral clavicle on 01/22/2009, and status post open surgical repair of the rotator cuff right shoulder. The injured worker complained of lumbosacral spine pain. There were no measureable pain levels documented in the submitted report. Physical examination dated 06/16/2014 revealed that the

injured worker's lumbar spine was tender to palpation. Extension was 30 degrees bilaterally, flexion was 100 bilaterally, abduction 50 degrees to the left and 40 degrees to the right, adduction was 25 degrees bilaterally, internal rotation was 30 degrees bilaterally, external rotation was 50 degrees to the left and 40 degrees to the right. Durkan's carpal tunnel compression, Phalen's wrist flexion provoking paresthesia and Tinel's paresthesia at volar wrist were bilaterally 1. The treatment plan is for the injured worker to receive 12 cognitive behavioral therapy sessions, continue medications which include Norco, trazodone and Cymbalta. The rationale for the requested medications is to increase activities of daily living for the injured worker. The Request for Authorization form for the 12 cognitive behavioral therapy sessions, Norco, trazodone and Cymbalta were submitted on 06/23/2014.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** MTUS Guidelines state that 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. Guidelines stipulate that 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: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker had tenderness to palpation to the side of her lumbar spine area. The submitted report lacked quantified evidence of physical treatment that the injured worker had previously. It mentioned that the injured worker had physical therapy, occupational therapy, the use of a TENS unit, and ESI, but there was no documented evidence of whether the therapy helped with any functional deficits. There was also a lack of evidence of any objective functional deficits. Furthermore, the request submitted was for 12 visits, exceeding the recommended initial of 3 to 4 visits over 2 weeks. As such, the request for cognitive behavioral therapy is not medically necessary.

#### **60 Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management; Opioids for chronic pain Page(s): 75; 78; 80.

**Decision rationale:** MTUS Guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS Guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the Norco 10/325 was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain, or longevity of pain relief. The submitted reports also lacked evidence of urine drug screens. Given the above, the request for Norco 10/325 is not supported by the MTUS Guidelines. Furthermore, the request did not stipulate the duration or the frequency of the medication. As such, the request for Norco 10/325 is not medically necessary.

#### **15 Trazodone 50mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The injured worker complained of lumbosacral spine pain. There were no measureable pain levels documented in the submitted report. The MTUS Guidelines do not recommend SSRIs, such as Trazodone as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. As per guidelines above, it is not recommended that Trazodone be taken as treatment for chronic pain. As evidenced by submitted reports, the request is not supported by the MTUS Guidelines. Additionally, the request failed to include the frequency and duration of the medication. As such, the request for Trazodone 50 mg is not medically necessary.

#### **30 Cymbalta 60mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** MTUS Guidelines state an 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements be initiated at one week of treatment with a recommended trial of at least 4 weeks. There was a lack of documentation as to whether the Cymbalta was being effective to the injured worker. The efficacy of the medication was not noted. They also lacked notations as to the side effects of the medication. Guidelines also stipulate that caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. The submitted report revealed that the injured worker had been taking Cymbalta since at least 03/05/2002, exceeding the recommended guidelines. Furthermore, documentation did not include evidence as to dosage or frequency. Given the above, the request for Cymbalta 60 mg is not medically necessary.