

<b>Case Number:</b>	CM14-0028608		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic headaches, myofascial pain syndrome, and chronic pain syndrome reportedly associated with an industrial injury of June 27, 2012. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; psychotropic medications; adjuvant medications; and muscle relaxant therapy. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for a consultation with a neuropsychologist, citing non-MTUS ODG Guidelines, denied a request for six sessions of pain management counseling, denied a request for 12 sessions of physical therapy, partially certified request for Nabumetone, denied a request for Flexeril outright, partially certified a request for Neurontin, and denied a request for Lunesta, outright. The claims administrator, it is incidentally noted seemingly denied request for six sessions of pain management counseling on the grounds that the attending provider had not obtained precursor psychological evaluation and also seemingly denied the request on the grounds that the MTUS endorses an initial trial of three to four psychotherapy visit as opposed to six sessions proposed by the attending provider. The applicant's attorney subsequently appealed. A January 7, 2014 request for authorization form was notable for comments that the applicant had allegations of posttraumatic headaches, chronic pain syndrome, and cognitive changes reportedly secondary to the same. It was stated that the applicant would benefit from pain management counseling to improve function and reduce pain. A trial of pain management counseling was sought, implying that this was a first-time request. Nabumetone was endorsed for chronic pain purposes. It was stated that Neurontin was endorsed for centralized pain. Lunesta was endorsed for sleep disturbance. The applicant was apparently given work restrictions on this visit which the applicant's employer was apparently not able to accommodate. On February 5, 2014, the

attending provider seemingly stated that he was employing adjuvant medications such as Neurontin for both chronic pain and depression purposes. It was again stated that the applicant was having difficulty initiating sleep. An earlier note of November 27, 2013 was notable for comments that the applicant had had eight sessions of physical therapy recently. The applicant was again described as having restrictions in place which are preventing his return to work. It was stated that the applicant remained depressed and had issues with poor sleep and superimposed chronic headaches and neck pain.

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

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

#### **CONSULT WITH NEUROPSYCHOLOGIST: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling despite primary care interventions and/or persist greater than three months. In this case, the applicant seemingly has longstanding depressive symptoms. The applicant is off of work. Introduction of antidepressants, including Viibryd, have been seemingly been unsuccessful. Obtaining the added expertise of a mental health professional is therefore indicated. Accordingly, the request is medically necessary.

#### **PAIN MANAGEMENT COUNSELING 1 X 6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Behavioral Interventions, pages 100-101.

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

**Decision rationale:** The request in question represents a first-time request. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, interventions such as a pain management counseling being proposed here are "recommended" to identify and reinforce coping skills in the treatment of chronic pain. While approval of the six-session request does represent treatment slightly in excess of the initial three- to four-session trial of psychotherapy/pain management counseling recommended on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of some pain management counseling here is more appropriate than provision of no pain management counseling whatsoever. As noted previously, this is a first-time request. Therefore, the request is medically necessary.

**PHYSICAL MEDICINE AND PHYSICAL THERAPY (PT) 3X4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

**Decision rationale:** The 12-session course of treatment proposed here, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, the applicant has had at least eight recent sessions of physical therapy in 2013-2014. There has, however, been no demonstration of functional improvement as defined in MTUS 9792.20f which would support further physical therapy treatment beyond the guideline. The applicant remains off of work. Rather proscriptive work restrictions remain in place. The applicant remains highly reliant and highly dependent on numerous analgesic and psychotropic medications. All of the above taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.

**NABUMETONE 750 MG. 1 TABLET TWICE PER DAY # 60, 2 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nabumetone do represent the traditional first-line of treatment for various chronic pain conditions, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy raised on any recent progress note. The applicant is off of work. Ongoing usage of Nabumetone does not appear to have affected any lasting benefit in terms of improved function, diminished work restrictions, and/or reduction in dependence on other forms of medical treatment. Therefore, the request for Nabumetone is not medically necessary.

**FLEXARIL 7.5 MG. 1 TABLET EVERY NIGHT # 30, 2 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**NEURONTIN 300 MG. 1 TABLET 3 X A DAY # 90, 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 17-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document appropriate improvements in pain and/or function on each visit in applicants using gabapentin or Neurontin. In this case, the attending provider has not established the presence of any improvements in pain and/or function achieved as a result of ongoing Neurontin usage. The applicant is off of work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. The applicant remains highly reliant and dependent on numerous other analgesic and adjuvant medications. All of the above taken together suggest lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

**LUNESTA 2 MG. 1 TABLET AT BEDTIME # 30, 0 REFILLS:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Eszopiclone topic.

**Decision rationale:** While the MTUS does not specifically address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of pharmacotherapy recommendations. In this case, the applicant has been using Lunesta chronically. There has been no evidence of any improvements in sleep achieved as a result of the same. The attending provider continues to report that the applicant has difficulty initiating and/or maintaining sleep on multiple office visits, referenced above. There is no evidence that introduction of Lunesta has been appreciably beneficial or efficacious here. It is further noted that the ODG Chronic Pain Chapter Eszopiclone topic states that Lunesta is not recommended for long-term use purposes.

In this case, the applicant has apparently been using Lunesta for well over several months. Therefore, the request is not medically necessary, for all of the stated reasons.