

<b>Case Number:</b>	CM14-0041539		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 licensed 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 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:

Injured worker is a 57 years old female with date of injury 11/15/2012. Date of the UR decision was 3/19/2014. Mechanism of injury was identified as bending down to lift a metal grid resulting in immediate onset of right low back, groin/hip pain. Per report dated 2/13/2014, the injured worker presented with subjective complaints of right groin, right hip and low back pain. Objective findings listed that she had tenderness in paraspinal muscles of lower lumbar spine. She was diagnosed with Chronic pain syndrome, sprain of hip/thigh, chronic myofascial pain, traumatic arthritis of pelvis/thigh and chronic trochanteric bursitis. She was prescribed Naprosyn 500 mg #60 and Pamelor 10 mg #60. The treating provider recommended Cognitive Behavior Therapy. Pamelor was started on 12/16/2013 for the chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The injured worker suffers from chronic pain, however there is no report of the pain being accompanied by insomnia, anxiety, or depression. The request for Pamelor 10mg, unspecified quantity is not medically necessary.

**Naprosyn 500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) Page(s): 73.

**Decision rationale:** Per MTUS "Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [OTC]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating."The injured worker has been diagnosed with chronic pain syndrome, sprain of hip/thigh, chronic myofascial pain, traumatic arthritis of pelvis/thigh and chronic trochanteric bursitis. It has been suggested that Naprosyn has been helpful with her pain levels. However, he request for Naprosyn 500mg is not medically necessary as dosing schedule or the quantity of pills requested are unspecified.

**Cognitive Behavioral Therapy x 4 visits:** 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 Psychological treatment Page(s): 23,100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy

for these "at risk" patients should be physical medicine for exercise instruction, using 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-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)Upon review of the submitted documentation, it is ascertained that the injured worker suffers from chronic pain secondary to the industrial injury. However, there is no report of any psychological symptoms being experienced by her as a result of the chronic pain. Thus, behavioral interventions for chronic pain are not clinically indicated at this time. The request for Cognitive Behavioral Therapy x 4 visits is not medically necessary.