

<b>Case Number:</b>	CM14-0074313		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 44-year-old male who has submitted a claim for pain disorder with psychological factors and general medical condition, major depressive disorder mixed episode, generalized anxiety disorder, umbilical hernia, chronic pain syndrome, lumbar sprain/strain, and lumbar radiculopathy associated with an industrial injury date of December 14, 2007. Medical records from 2014 were reviewed. The patient complained of low back pain, rated 6/10 in severity. The pain radiates to the bilateral lower extremity, left more than the right. There was associated numbness and was worse with prolonged walking. The patient claims to have pain and psychiatric symptoms with appropriate treatments. The patient rates his depression as 8-9/10, and anxiety 8/10. Patient recently had 2 visits of cognitive behavioral therapy. The most recent report showed that the patient was dysphoric, irritable, and tearful with minimal range in affect. Physical examination showed decreased range of motion due to pain. Straight leg raise test was positive bilaterally. The patient was well groomed and on a depressed mood. Affect was restricted, depressed, and tearful. Speech, thought process and pattern, judgment, mental status, attitude, attention/concentration, and memory was intact. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, psychotherapy, cognitive behavioral therapy, and activity modification. Utilization review, dated May 10, 2014, denied the request for 16 sessions of cognitive behavioral therapy with [REDACTED] and modified the request for 1 prescription of Gralise 300mg #30 to 1 prescription of Gralise 300mg #14. Reasons for denial and modification were not made available, respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Sessions of cognitive behavioral therapy (CBT): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

**Decision rationale:** Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states 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. ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient was assessed with chronic pain syndrome. Six sessions of previous cognitive behavioral therapy was done in 2013, but the response to the treatment was not documented. The guideline recommends continued course of treatment after trial visits provide evidence of symptom improvement. Furthermore, it seems that 15 sessions of cognitive behavioral therapy has recently been authorized. Cognitive behavioral therapy progress report dated July 2, 2014 state that the patient is already on her second out of the 15 sessions. An additional course of 16 CBT sessions would not be warranted since this would exceed the recommended visits. Therefore, the 16 Sessions of cognitive behavioral therapy is not medically necessary.

**Gralise 300mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. [11 references].

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to page 49 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Gralise) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case, patient has back pain that radiates to the lower extremities with numbness. However, there is not enough information to support that the patient is having neuropathic pain since physical examination only showed decreased range of motion due to pain and positive straight leg raise test bilaterally. Progress report dated April 29, 2014 states that patient has been requested to do a trial of Gralise. Rationale of its use was not provided. Progress report dated May 20, 2014 state that there were no side effects with the new trial of medication. However, pain relief from the medication was not specified. Moreover, progress report dated June 10, 2014 showed that the patient has increased low back pain despite use of Gralise. The

medical necessity has not been established. Therefore, the request for Gralise 300mg #30 is not medically necessary.