

<b>Case Number:</b>	CM15-0186682		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 47 year old male who sustained an industrial injury on 04/04/2003. Medical records indicated the worker was treated for low back and bilateral groin pain plus slow progressive neck and right shoulder pain. Diagnoses include cervical spondylosis without myelopathy, lumbosacral spondylosis, right shoulder pain, and sacroiliac joint arthropathy. Treatments have included psychological cognitive behavioral treatment, and a recent bilateral sacroiliac joint cortisone injection (06-24-2015). He has a history of a C5-& ACDF anterior cervical discectomy and fusion (2013) which did not change his symptoms. In the provider notes of 07-15-2015, the worker reports relief of his hip pain post injection. He complains of diffuse neck pain that is worst in the mornings and at night, and he has right shoulder pain with lateral arm pain and numbness. He feels weak in the hands, and has been having more neck pain and spasm. His current medications include Terocin, Naproxen, MS Contin, Docusate sodium, and Flexeril. The treatment plan includes medications, and additional cognitive behavioral treatments. There is no qualitative or quantitative documentation of worker's response to medications. A request for authorization was submitted 07-31-2015 for: 1. Additional Psychotherapy/CBT sessions QTY 6.00. 2. Gabapentin 100 mg QTY 90.00. 3. MS Contin 15 mg QTY 60.00. 4. Docuprin 100 mg QTY 60.00. 5. Cyclobenzaprine 7.5 mg QTY 60.00. 6. Retrospective request for Omeprazole 20 mg QTY 60.0. 7. Retrospective request for Naproxen sodium 550 mg QTY 60.00. A utilization review decision 08/24/2015 Approved: Docuprin 100 mg QTY 60.00, Modified: MS Contin 15 mg to QTY 30.00, Denied: Additional Psychotherapy/CBT sessions, Gabapentin 100mg, Cyclobenzaprine 7.5mg, and Retrospective (07-31-15) Omeprazole 20mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Additional Psychotherapy/CBT sessions QTY 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** The request is for the use of cognitive behavioral therapy. The MTUS guidelines advise screening patients who are at risk for delayed recovery including fear avoidance beliefs. Initial therapy for at risk patients should be physical medicine for exercise instruction using a cognitive motivational approach. If there is lack of progress after 4 weeks of treatment, psychotherapy cognitive behavioral therapy can be considered. If there is evidence of functional improvement, 6-10 visits over 5-6 weeks are indicated. In this case, further therapy is not indicated. This is secondary to documentation by the treating physician that continued medical treatment is not necessary. As such, the request is not medically necessary.

### **Gabapentin 100mg QTY 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50 percent reduction in pain. At least a 30 percent reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of functional improvement or screening measures as required. As such, the request is not medically necessary.

### **MS Contin 15mg QTY 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary.

**Retrospective request for Omeprazole 20mg QTY 60.0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Due to the fact the patient does not meet to above stated criteria, the request for use is not certified.

**Cyclobenzaprine 7.5mg QTY 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence (Homik, 2004). Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.