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| <b>Case Number:</b>   | CM15-0193563 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 11/14/1992 |
| <b>Decision Date:</b> | 12/15/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 58 year old male with a date of injury on 11-14-1992. The injured worker is undergoing treatment for cervical spondylosis, internal derangement of the shoulder, and depression. A physician progress note dated 08-23-2015 documents the injured worker complains of significant neck and shoulder pain. Cervical facet injections did not give any significant relief. Medications do help but the pain is very bothersome and uncomfortable. The pain radiates into both extremities. There has been no change in his pain. It is described as aching, burning, constant, numb, radiating, sore and tingling. Cervical spine range of motion is restricted and painful. Motor strength is normal. There is left acromioclavicular joint tenderness present. He is not working. Treatment to date has included diagnostic studies, medications, epidural injections, massage, chiropractic sessions, and physical therapy. The Request for Authorization dated 08-24-2015 includes Acupuncture, Cognitive bio behavioral therapy, Ativan (since at least 2013), Hydrocodone (for many years), and Soma (since at least 05-20-2012).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Lorazepam.

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

**Decision rationale:** According to MTUS guidelines benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation provided does not comment on the indication for the benzodiazepine nor indicate a functional improvement with medication use. Without this information the request is deemed not medically necessary and appropriate.

**Acupuncture, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture - neck & shoulder.

**Decision rationale:** Per MTUS guidelines, acupuncture can be trialed at 1 to 3 times a week for 3 to 6 visits. ODG Acupuncture Guidelines recommends an initial trial of 3-4 visits over 2 weeks. If the trial of acupuncture shows evidence of objective functional improvement further visits may be approved. The request is not medically necessary as written as it is for greater than the initial trial period.

**Cognitive bio behavioral therapy, 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cognitive behavioral therapy (CBT) for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Behavioral interventions (CBT).

**Decision rationale:** Per ODG guidelines, CBT is recommended. Psychosocial variables have a potential role in delayed recovery and chronic pain. Risk Factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. 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. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Recommend screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone. The CBT treatment model has three stages: (1) skill education, (2) skill acquisition and (3) skill maintenance / generalization.

Homework assignments are an essential part of CBT. When possible, CBT should be coordinated with physical therapy. There are no studies that delineate specific quantity and frequency of CBT sessions for chronic pain. Please refer to the ODG Psychotherapy Guidelines for further recommendations. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG Psychotherapy Guidelines allow for up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The documentation does note that the IW was developing depression. The request is medically necessary and appropriate.

**Hydrocodone 10/325 mg Qty 150: Upheld**

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

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

**Decision rationale:** Per MTUS guidelines ongoing use of an opioid should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records provided do not clearly document decreased pain, increased activities and lack of adverse reactions. This request is not medically necessary and appropriate.

**Soma 350 mg Qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain), Weaning of Medications.

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

**Decision rationale:** Per MTUS guidelines Soma is not recommended. This medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The documentation shows the IW has been on the Soma for a prolonged time and there is no documentation of functional benefit with medication use. The request is not medically necessary and appropriate.