

<b>Case Number:</b>	CM15-0214240		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/24/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury 03-24-06. A review of the medical records reveals the injured worker is undergoing treatment for depression, pain disorder with medical condition and psychological factors, cervical and lumbar degenerative disc disease, cervical and lumbar radiculitis, lumbar spondylitis, spondylolisthesis of the lumbar region, left knee degenerative joint disease, and thoracic back pain. Medical records (10-20-15) reveal the injured worker complains of neck and low back pain, as well as left knee pain. Pain is rated at 5/10 without medications and 3/10 with medications. The physical exam (10-20-15) reveals tenderness at C6 area and the bilateral cervical facets. Cervical range of motion is "mildly "decreased. Tenderness is noted in the lumbar paraspinal muscles, with full range of motion noted in the lumbar spine. Prior treatment includes surgeries, therapies, and medications, including trazadone, tramadol, clonazepam, Norco, Lisinopril, Lopressor, and simvastatin. He has also received psychological counseling and 6 sessions of cognitive behavioral therapy. The treating provider reports (07-17-15) the injured worker would like additional cognitive behavioral therapy, as it was "significantly" beneficial to him. The original utilization review (10-29-15) non-certified the request for 6 additional sessions of cognitive behavioral therapy, and modified the request for Silenor 6mg #30 with 2 refills to #30 with no refills. Silenor is a new medication and there is no way to predict how effective this medication will be.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy, 6 sessions:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy.

**Decision rationale:** The current request is for cognitive behavioral therapy, 6 sessions. The RFA is dated 10/22/15. Treatment history includes left knee arthroscopy, psychological treatments, physical therapy, and medications. The patient is not working. ODG-TWC, Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy states: "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. 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per report 10/20/15, the patient presents with chronic neck, lower back and left knee pain. The patient is also undergoing treatment for depression, pain disorder with medical condition and psychological factors. The treater states that the patient has significant ongoing depression, and noted that he did previously participate in cognitive behavioral therapy with [REDACTED] which was helpful. Review of the medical file indicates that the patient underwent 6 psychological treatments for his severe major depressive disorder, and suicidal ideations. It was noted that the patient benefited from these sessions, but does continue to suffer from depression, and sleep issues. Given the patient continues to have depression and chronic pain, and has only participated in 6 therapy sessions, additional treatment would be supported by ODG. ODG allows up to 13-20 visits, and in cases of severe Major Depression or PTSD, up to 50 sessions. Therefore, the request IS medically necessary.

**Silenor 6 mg Qty 30 with 2 refills:** Overturned

**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): Antidepressants for chronic pain, Tricyclics.

**Decision rationale:** The current request is for silenor 6 mg qty 30 with 2 refills. The RFA is dated 10/22/15. Treatment history includes left knee arthroscopy, psychological treatments, physical therapy, and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 15, Specific Antidepressants section states: "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless

adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, page 122, Tricyclics section states: "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Per report 10/20/15, the patient presents with chronic neck, lower back and left knee pain. The patient is also undergoing treatment for depression, pain disorder with medical condition and psychological factors. This patient has a long history of sleep disturbances. The treater discontinued Trazodone, and initiated a trial of Silenor for the patient's continued sleep issues. MTUS guidelines recommend anti-depressants for patients with chronic neuropathic/non-neuropathic pain and insomnia. Since this is the initial prescription, the treater has not had an opportunity to document medication efficacy. This request appears reasonable and in accordance with MTUS guidelines. Therefore, the request IS medically necessary.