

<b>Case Number:</b>	CM14-0148625		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 injured worker is a 60 year-old female who was injured on 1/10/12. The patient was sitting and typing when she felt bilateral hand numbness and tingling with neck pain radiating to bilateral arms, and burning in her shoulders. On exam, she had decreased range of motion of cervical spine with tenderness and normal sensation and strength of the upper extremities. The patient was diagnosed with chronic myofascial pain of the cervical spine and bilateral shoulders, cervical sprain, muscle spasms of the neck, sprain/strain of the right shoulder, and cervical radiculopathy. She also experienced headaches and migraines. She was started on medications such as anti-inflammatories, Nortriptyline, Neurontin, Lyrica, Cymbalta, and topical analgesics and heating pad. She also attended 32 physical therapy sessions, which provided significant relief. An MRI showed cervical spondylosis with degenerative disc disease with facet and ligament multilevel hypertrophy of C3-T1. CT scan showed bilateral cervical radiculitis with neural foraminal stenosis of C3-4, C4-5, C5-6 with facet arthrosis. She had a cervical epidural steroid injection, which was not effective. She was also treated with a TENS unit. The patient has been using chronic anti-inflammatories in the form of Zipsor. The patient has developed depression and mood disorder due to the physical pain she was experiencing. She has received a psychiatric evaluation with 24 additional sessions of cognitive behavioral therapy starting 9/22/13. The request is for additional cognitive behavioral therapy, Zipsor and Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional CBT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health and Stress, Cognitive Behavioral Therapy

**Decision rationale:** The request is not medically necessary as per ODG guidelines. The patient had a psychological evaluation with 24 CBT sessions already. Additional sessions would be beyond recommended number. These were helpful for development and maintenance of pain coping skills. As per the chart notes, the patient was "developing healthy coping skills to better manage symptoms of anxiety". She demonstrated "increased awareness of herself and her needs and will practice behavioral tools." However, there was no clear documentation of objective indications of "functional improvement" recommended by ODG guidelines. Therefore, the request of additional CBT is considered medically unnecessary.

**Zipsor:** 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 NSAIDS Page(s): 67-68.

**Decision rationale:** As per MTUS guidelines, NSAIDs are recommended at the lowest for the shortest period possible for moderate to severe pain. NSAIDs have many side effects, including GI effects, hypertension, renal dysfunction, and delay healing in all soft tissues. The patient has been on various anti-inflammatories without clear documentation on its effects on her neck, upper extremity pains, and headaches. There was no clear documented improvement in pain or function with the anti-inflammatories. Therefore, this request of Zipsor is not medically necessary and appropriate.

**Dendracin:** 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 Topical analgesics, Salicylate topicals Page(s): s) 111-113, 104.

**Decision rationale:** According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain and may improve her neck pain. However, there are no guidelines for the use of menthol with the patient's spine and shoulder complaints. Dendracin has capsaicin 0.0375% which according to MTUS has not been studied and there is no current indication that increases

over the standard 0.025% formulation is more efficacious. Therefore, the request of Dendracin is not medically necessary and appropriate.