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| Case Number: | CM13-0044651 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/02/2009 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 50-year-old male who reported a work related injury on 11/02/2009 after falling backwards. The patient underwent conservative treatment and an MRI of the lumbar spine, which revealed degenerative disc changes at L2-3, L3-4, and L4-5, combined with facet joint hypertrophy causing varying degrees of bilateral left greater than right neural foraminal stenosis. The patient complains of intractable low back and left knee pain. A request has been made for Norco 10/325 mg #90, six cognitive behavioral therapy sessions, and 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Section Page(s): 78-80.

Decision rationale: Recent clinical documentation stated the patient experienced increased pain in the left lower extremity and Norco is a short acting opioid helpful in controlling intermittent or breakthrough pain. It was noted that the patient used Norco for his severe pain and did find it beneficial. The patient reported his pain to be 4/10 on VAS with the medication. The patient

reported the Norco did relieve his pain and allowed greater function. California Medical Treatment Guidelines for chronic pain state that opioids appear to be efficacious for chronic back pain, but limited for short term pain relief, and long term efficacy is unclear, but also appears limited. Guidelines further indicate to continue opioids in patients that have returned to work, and if the patient had improved functioning in pain relief. Per recent clinical documentation, the patient has been off work on disability leave since the date of injury. There was no satisfactory response to treatment which may be indicated by the patient's decreased pain, increased level of function, or improved quality of life as indicated by functional benefits which could be objectively measured. The request for Norco 10/325 mg, 90 count, is not medically necessary or appropriate.

Six cognitive behavioral therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Guidelines for chronic pain recommend an initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks, and, with evidence of objective functional improvement, a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks is recommended. Per clinical documentation, the patient was noted to have reached the maximum of 10 visits. Clinical note dated 08/31/2013 stated the patient expressed ongoing frustration that there had been no movement towards obtaining authorization to treat his very painful knee condition. The patient had demonstrated a number of functional improvements, including reduced sleep disturbance, reduced anxiety symptoms, reduced depressive symptoms, pain level reduction, improved concentration, increased activities of daily living, consideration of return to school, and increased autonomous functioning. The recent regression had been noted due to frustration and denial of care and medications which have led to sudden discontinuation. The patient had continued the use of calming tools and breathing exercises taught during visits, utilizing biofeedback for pain management. The patient had reached the maximum number of visits, per guideline recommendations for cognitive behavioral therapy. The request for six cognitive behavioral therapy sessions is not medically necessary or appropriate.

Six biofeedback sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The Physician Reviewer's decision rationale: Biofeedback, according to the Chronic Pain Medical Treatment Guidelines, is not recommended as a standalone treatment, but

as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Guidelines recommend a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks for biofeedback therapy sessions, and guidelines further state that patients may continue biofeedback exercises at home. There was no evidence given the patient would not be able to continue his biofeedback exercises at home. The patient had completed 10 visits of cognitive behavioral therapy and was not noted to be undergoing a cognitive behavioral therapy treatment program. Guidelines state that biofeedback may be approved if it facilitates entry into a cognitive behavioral therapy treatment program. The request for six biofeedback sessions is not medically necessary or appropriate.