

<b>Case Number:</b>	CM15-0221029		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury on 08-02-2007. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain and radiculopathy. The injured worker is status post a two stage anterior and posterior L4-L5 discectomy and fusion in 06-2012. According to the treating physician's progress report on 10-06-2015, the injured worker continues to experience chronic low back pain radiating to the left leg to the foot and right posterior thigh to the calf rated at 6 out of 10 on the pain scale. Inspection noted loss of normal lordosis, limps favoring the left side, ambulates independently and has a normal heel and toe walk. Examination demonstrated tenderness and spasm of the paravertebral muscles bilaterally. Range of motion was restricted with flexion at 90 degrees and extension at 10 degrees. Right rotation and side bending produced pain bilaterally, more on the right. Bilateral Kemp's maneuver was positive. Deep tendon reflexes and sensory examination of the lower extremities were intact. Straight leg raise was positive on the right with paresthasias on the anterior right thigh. Waddell's and Faber tests were negative. No spinal process tenderness was noted. The left extensor hallucis longus muscle and plantar flexion was 4+ out of 5. The latest lumbar spine magnetic resonance imaging (MRI) was performed on in 10-2012 and discussed within the records dated 10-06-2015. Prior treatments have included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injection, cognitive behavioral therapy (CBT) (completed 8 sessions), biofeedback (8 sessions completed) and medications. Current medications were listed as Butrans, Norco (since at least 2012), Neurontin, Ibuprofen, Lidoderm Patch, Amitriptyline and Docuprene. The injured worker has declined

further injections. Treatment plan consists of tapering Norco, physical therapy and the current request for Norco 10mg-325mg #45, Norco 10mg-325mg #45 and 8 sessions of cognitive behavioral therapy (CBT). On 10-16-2015 the Utilization Review modified the request for Norco 10mg-325mg #45 to Norco 10mg-325mg #26, Norco 10mg-325mg #45 to Norco 10mg-325mg #20 and 8 sessions of cognitive behavioral therapy (CBT) to 4 sessions of cognitive behavioral therapy (CBT).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #45:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.

**Norco 10/325 mg #45:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for

chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, differentiation: dependence & addiction, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.

**8 sessions of cognitive behavioral therapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS Pain guidelines and ODG refer to Cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Medical documents provided do detail physical therapy in regards to chronic pain. There was an initial trial of CBT of 4 sessions and the guidelines offer additional ongoing sessions of 6-10 visits. Thus, the request for 8 sessions is medically necessary.