

<b>Case Number:</b>	CM14-0112541		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 California. 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:

This 38 year old patient had a date of injury on 9/8/2008. The mechanism of injury was he was rear ended. In a progress noted dated 5/22/2014, subjective findings included pain in the neck and upper back is constant, worse with activities. He has constant pain in right foot. There is numbness on right foot and thoracic spine. On a physical exam dated 5/22/2014, objective findings included shortness of breath, cough, wheezing. The patient is working fulltime, modified duty. Diagnostic impression shows C6-C7 facet mediated neck pain, status post cervical disk replacement, and Crohn's disease. Treatment to date: medication therapy, behavioral modification, epidural steroid injections, surgery. A UR decision dated 6/27/2014 denied the request for Biofeedback 1x/week for 6 weeks, stating the notes provided do not support the request for biofeedback, as there are no goals indicated. Soma 350mg #120 was denied, stating no discussion why Soma would be indicated despite adverse evidence. Norco 10/325 was denied, stating that no evidence of functional gain, activity status, CURES, or urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback Once a week times six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Biofeedback Therapy Guidelines.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 24-25. The Expert Reviewer's decision rationale:CA MTUS states that "biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. 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. In the most recent progress report dated 5/22/2014, it was noted that the patient is working modified duty, and there was no discussion regarding the objective functional goals of Biofeedback, or how it would facilitate exercise therapy and return to activity. Furthermore, guidelines support only an initial trial of 3-4 visits over 2 weeks, and additional visits are warranted only with documentation of functional improvement. Therefore, the request for Biofeedback 1x/week for 6 weeks is not medically necessary.

**Soma 350 mg. #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pg 29, 65.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 29, 65. The Expert Reviewer's decision rationale:CA MTUS states that "Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states." 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In the notes reviewed, this patient has been taken Soma chronically, since at least 2013, and in the latest progress report dated 5/22/2014, there was no evidence of an acute exacerbation of pain to justify further use of this medication. Furthermore, patient is taking Norco 10/325mg, and Soma has been shown to augment the effects of opioids, which can result in symptoms such as respiratory depression. Therefore, the request for Soma 350mg #120 is not medically necessary.

**Norco 10/325 mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pg 78-81.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 78-81. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support "ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In the latest progress report dated 5/22/2014, there was no evidence of functional improvement documented from the opioid regimen. Furthermore, there was no quantity provided for review. Therefore, the request for Norco 10/325 is not medically necessary.