

Case Number:	CM15-0146014		
Date Assigned:	08/06/2015	Date of Injury:	07/01/2010
Decision Date:	10/08/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 59 year old male who sustained an industrial injury on 7-1-10 from a lifting injury. He currently complains of moderate pain to the low back with spasm and positive straight leg raise (per 5-29-15 note). Pain intensity varies with activity level and was 3 out of 10. On physical exam there was restricted range of motion. The 6-26-15 note indicated difficulty with ambulation due to recent severe pain and the note dated 6-29-15 noted no improvement in pain. Medications were Norco, Flexeril. Recent drug screen was unavailable. Diagnoses include lumbago; lumbosacral neuritis; displaced lumbar intervertebral disc; chronic pain. Treatments to date include medication with benefit; 3 epidural injections; 20 sessions of physical therapy; placement of lumbar epidural selective catheter (11-8-10, 2-7-11); supra-pedicular nucleoplasty (4-23-12). Diagnostics include MRI of the lumbar spine (6-3-15) showing disc osteophyte complex. In the progress note dated 6-12-15 the treating provider's plan of care includes requests for Norco 10-325mg #90 dated 6-26-15; psychologist for biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 90: 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): Acetaminophen, Opioids, criteria for use.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving since at least and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized. In this case the patient has been receiving Norco since at least February 2013 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Psychologist for biofeedback, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: Biofeedback is not recommended as a stand alone treatment but is recommended as an option in a cognitive behavioral therapy(CBT) program to facilitate exercise therapy and return to work. Evidence is insufficient to support the effectiveness for the treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT program. In this case there is no documentation that the biofeedback was part of a CBT program. The request is not medically necessary.