MAXIMUS Federal Services

Case Number:	CM13-0067326		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2006
Decision Date:	08/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; earlier lumbar laminectomy; and transfer of care to and from various providers in various specialties. In a handwritten progress report dated December 3, 2013, the applicant was described as having persistent complaints of low back pain. The note was very difficult to follow. The applicant reported 8/10 pain with medications and 5/10 pain without medications and denied any side effects with the same. The applicant was given prescriptions for Norco, Tylenol No. 4, and Lyrica. The applicant's work status was not provided. In an earlier note of November 5, 2013, the applicant was again given refills of Lyrica, Tylenol No. 4, and Duexis. The applicant was apparently asked to stop Norco on this occasion. The applicant apparently reported 7/10 pain with medications and 9/10 pain without medications. An earlier note of July 16, 2013 suggested that the applicant was not working, at age 49.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF APAP/CODENINE 300-60 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, it is not clearly stated why the applicant needs to use two separate short-acting opioids, namely Tylenol No. 4, the item at issue here, and Norco. It is further noted by the MTUS Chronic Pain Medical Treatment Guidelines that the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working, aged 49. The applicant's reduction in pain scores from 9/10 to 7/10 appears to be outweighed by the applicant's failure to return to work and the attending provider's failure to document any concrete or tangible improvement in terms of performance of activities of daily living. Therefore, the pharmacy purchase of APAP/Codeine 300-60 MG # 90 is not medically necessary.