

Case Number:	CM14-0008956		
Date Assigned:	01/29/2014	Date of Injury:	01/05/2006
Decision Date:	07/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 70-year-old male who reported an injury on 01/24/2006. The mechanism of injury was not provided for review. The injured worker was evaluated in 06/2013. It was documented that the injured worker had pain rated at a 4/10 to 5/10. The injured worker's medications included Celebrex, clonidine, Tylenol No. 4, omeprazole, Nexium, Savella, Topamax, and trazodone. The injured worker underwent a point of care urine drug screen that was negative for all tested medication. The injured worker was again evaluated on 11/11/2013. Physical findings included reduced range of motion of the knee. The injured worker's diagnoses included low back pain, lumbar strain/sprain, knee joint pain, neck pain, ankle pain, chronic pain, knee sprain, and cervical sprain/strain. The injured worker underwent a point of care test that was negative for opioids. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CODEINE 60MG/ACETAMINOPHEN 300MG TYLENOL #4, ONE (1) TABLET EVERY SIX (6) HOURS, #120 WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT.

Decision rationale: The requested codeine 60 mg/acetaminophen 300 mg, Tylenol #4 one tablet every 6 hours #120 with 3 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain is supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the patient has 4/5 pain of the knee. However, there is no documentation of a reduction in pain due to medication usage. Additionally, the clinical documentation does not specifically identify functional benefit related to the use of this medication. Furthermore, the injured worker's last 2 urine drug screens (including from the date of service 11/11/2013) were negative for opioids. There was no explanation within the clinical documentation of these negative results. Therefore, continued use of this medication is not supported by the documentation. As such, the requested codeine 60 mg/acetaminophen 300 mg, Tylenol No. 4 one tablet every 6 hours #120 with 3 refills is not medically necessary and appropriate.