

<b>Case Number:</b>	CM14-0009615		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Neurological Surgery 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 medical record notes an individual with a date of injury of October 15, 2009. The mechanism of injury is not disclosed. A progress note dated January 29, 2014 is provided for review indicating injured worker is doing better since the last visit. Severe back pain is noted, and the injured is unable to perform activities of daily living. The record notes the injured is on medications to be functional and recently received a denial regarding medications. The record indicates the claimant is not able to get out of bed or even do basic chores without his medication. Physical examination reveals a blood pressure of 107/57 and a pulse of 76. Exquisite tenderness is noted along the lumbar paraspinal muscles. Lumbar flexion is to 30° and extension is less than 20°. Lateral tilting is less than 10° bilaterally. The diagnosis is chronic low back pain with referred pain into the legs due to chronic muscle strain. The treatment recommendation is for Tylenol #3, #60, Protonix 20 mg #60 for upset stomach, Tramadol ER 150 mg #30 for long acting pain relief, Flexeril 7.5 mg #60 for muscle spasms, mirtazapine 15 mg #60 for insomnia, and Topamax 50 mg #60 for neuropathic pain. The record indicates this is a prospective request for the next visit. The pain is rated 7-10/10 without medications and is improved to 3-4/10 with the use of medications. The record notes a continuum with the hot and cold therapy and the back brace as needed, as well as stretching and strengthening. Follow-up is recommended in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/CODEINE 300/30 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 35.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support using the lowest dose possible of opioid medications in the ongoing management of chronic pain when the appropriate guideline recommendations, including the 4 A's for the ongoing monitoring of chronic pain patients on opioids. The record provides documentation dating back to October 2013 of the utilization of Tylenol #3 for the management of the individual's chronic pain. Efficacy in these encounters is noted, as evidenced by the decrease in the pain rating on the Visual Analogue Scale (VAS). The claimant is being followed routinely, side effects are discussed. I am unable to identify evidence of a urine drug screen protocol or an opioid agreement on the progress note accompanying this request. This is strongly recommended by all of the guidelines. The morphine equivalent dosage (MED) for the use of this medication at two twice daily is 9mg per day, which is within the guideline parameters. Based on this review, the clinical documentation to substantiate the medical necessity of the ongoing use of this medication is noted. Therefore, the request for APAP/Codeine 300/30mg #60 is medically necessary and appropriate.