

Case Number:	CM14-0017682		
Date Assigned:	04/16/2014	Date of Injury:	06/08/2012
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in 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 62-year-old male who reported an injury on 06/08/2012, secondary to heavy lifting and a fall. The current diagnoses include non-radicular low back pain, mild radicular component secondary to L4-5 changes, morbid obesity, well controlled hypertension, hypercholesterolemia, and significant deconditioning. The injured worker was evaluated on 09/30/2013. The injured worker reported persistent lower back pain with activity limitation. Physical examination revealed significant paralumbar tenderness and painful range of motion. The treatment recommendations at that time included continuation of current medication and a lumbar transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TYLENOL WITH CODEINE 300/30MG #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state Codeine is recommended as an option for mild to moderate pain. It is used as a single agent or in combination with acetaminophen. As per

the documentation submitted, the injured worker has continuously utilized this medication. Despite ongoing use, the injured worker continues to report persistent pain. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.