

<b>Case Number:</b>	CM14-0054588		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on October 3, 2003. The mechanism of injury is noted as a trip and fall over a bar bell with weights. The most recent progress note dated April 26, 2014, indicates that there are ongoing complaints of pain in the bilateral elbows, wrists, hands, lower back, and lower extremities. The physical examination of the lumbar spine demonstrated paraspinal muscle spasms. There was decreased lumbar spine range of motion and tenderness over the lumbar sacral junction. Examination of the knees noted painless range of motion from 0 to 130A. There was tenderness at the anterior, lateral, and medial aspects of both knees. There was diffuse tenderness about both ankles. Diagnostic imaging studies of the knees showed total knee arthroplasties with thin polyethylene components replaced. Previous treatment includes bilateral knee arthroplasties, epidural steroid injections for the lumbar spine, and physical therapy. A request was made for Theracodophen 10-325mg and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive request for Theracodophen 10-325mg #300 date of service (DOS) 02/13/14:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Theracodophen is a short-acting Opioid medication. The California MTUS states "short-acting Opiates for the short-term management of moderate to severe breakthrough pain. Management of Opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Theracodophen is not medically necessary.