

Case Number:	CM14-0207195		
Date Assigned:	12/19/2014	Date of Injury:	08/07/2013
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

25y/o female injured worker with date of injury 8/7/13 with related low back pain. Per progress report dated 6/6/14, the injured worker complained of pain in the lumbosacral region more to the left side, with some mild left leg pain. It was noted by the provider that by the time he was seen for the first time, most of her radicular complaints had resolved. She still had some symptoms occasionally with heavy activities that would bother her lower back and her left leg. Per physical exam, there was mild tenderness of the lumbar spine. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/ w Codeine 300/30 mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78 and 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it was indicated that the UR physician spoke with the provider who stated that the injured worker was put on NSAIDs, which were not very effective. The injured worker was started on APAP with codeine. She was on a drug contract, and they were trying to wean her off of narcotics. The UR physician has certified the request. The medical records as submitted do not indicate when APAP w/ codeine was started, nor do they support its ongoing use. However, the request is medically necessary.