

<b>Case Number:</b>	CM15-0001938		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male who reported an injury on 08/22/2012. The mechanism of injury was not provided. On 12/08/2014, the injured worker presented with complaints of neck, low back, and bilateral lower extremity pain with insomnia associated with ongoing pain. He reported activity of daily living limitations due to pain. Prior therapies included an epidural steroid injection, physical therapy, and medications. Upon examination of the cervical spine, there was tenderness noted to the cervical spine C4-6 and tenderness noted upon palpation at the bilateral paravertebral C4-6 area. There was limited range of motion moderately due to pain. Pain was significantly increased with flexion, extension, and rotation. Examination of the lumbar spine noted tenderness to palpation to the bilateral paravertebral areas L4-S1 levels. There was limited range of motion due to pain. Decrease sensation along the L4-S1 dermatomes, decreased strength of the extensor muscles along the L5-S1. Positive seated straight leg raise bilaterally. Diagnoses were chronic pain, cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy. The provider recommended codeine 300/30 mg. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for APAP/Codeine 300/30mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was lack of documentation of treatment history and length of time the injured worker has been prescribed codeine. Additionally, the efficacy of the medication was not provided to support continued use. There is no information on increased function or decreased pain. There is no evidence of a current pain contract or a current urine drug screen. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.