

Case Number:	CM15-0005005		
Date Assigned:	01/16/2015	Date of Injury:	01/16/2006
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 56 year old male was injured 1/16/06 from repetitive work resulting in right and left shoulder pain. Current he is experiencing bilateral ankle pain and pain and swelling both knees. Medications are ibuprofen 800 mg # 60, APAP with Codeine 300/30 mg # 60 and omeprazole DR 20 mg # 60. Diagnoses include full thickness rotator cuff tear right shoulder; acromioclavicular joint left shoulder (status post bilateral shoulder surgery 2007); osteoarthritis bilateral ankles and chronic tendinitis bilateral ankles, rule out internal derangement both knees. Documented treatment was psychological examination. The treating physician requested APAP with Codeine 300/30 mg # 60. The claimant had been on Tramadol for several months previously with continued pain. On 12/23/14 Utilization Review non-certified the request for APAP/ Codeine 300/30 mg # 60 citing MTUS, Chronic Pain Treatment Guidelines: Opioids. The documentation did not indicate pain level, activities of daily living, adverse effects from previously tried and failed medication or urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids (Tramadol) for a several months without significant improvement in pain or function. No one opioids is superior to another. In addition, pain scale response to medications were not noted and there was no justification to combine an NSAID with an opioid. The continued use of Codeine is not medically necessary.