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| Case Number: | CM15-0007620 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 04/13/2009 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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

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 58 year old, male patient, who sustained an industrial injury on 04/13/2009. A primary treating office visit dated 12/15/2014 reported subjective complaint of chest, low back, bilateral arms and left knee pains. He rates his pains from as low as a 5 to as high as a 9 out of 10 in intensity depending on body part. He is taking the following medications; Tramadol, Omeprazole, Diclofenac, Hydrocodone, Flexiril and Cidaflex. He is not working at this time. Objective findings showed cervical spine with paraspinal muscle tenderness. There is tenderness about the insertion of the paraspinal muscles at the occiput. There is bilateral trapezius muscle tenderness; along with thoracic and lumbar paraspinal muscle tenderness. The following diagnoses are applied multi-level cervical disc desiccation and bulging with annular tear at C4-5 and C6-7 levels, neuroforaminal stenosis at C4-5 and C6-7 levels; thoracic strain, lumbar strain; status post left knee arthroscopy with chondromalacia; history of stress/anxiety and insomnia. A request for medications Acetaminophen with Codeine 300/60MG # 60, and Alprazolam ER 1MG # 30. On 01/13/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opioids was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP w/Codeine 300/60mg #60 refill-1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his neck, lower back, left knee and upper/lower extremities. The request is for APAP WITH CODEINE 300/60MG #60, 1 REFILL. The patient has been on Tramadol, naproxen, Alprazolam, a medication for his stomach, muscle relaxer and medication for his elevated cholesterol. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the review of the reports does not show any discussion specific to this medication other than the treater's request for refill. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.