

<b>Case Number:</b>	CM15-0142270		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, 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:

The injured worker is a 63-year-old female who sustained an industrial injury on 5-9-11. The injured worker was diagnosed as having first carpometacarpal joint degeneration bilaterally, bilateral de Quervain's tenosynovitis and bilateral carpal tunnel syndrome. Currently, the injured worker reported bilateral upper extremity discomfort. Previous treatments included oral pain medication, cortisone injections, rest, splinting, medication management, and physical therapy. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured work status was noted as permanent and stationary. The injured workers pain level was noted as 5 to 7 out of 10. Physical examination was notable for left wrist and hand with tenderness to palpation, sensation noted as normal, right wrist and hand with mild swelling and tenderness to palpation. The plan of care was for APAP-Codeine 300-30 milligrams quantity of 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP-Codeine 300-30 milligrams quantity of 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 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 non-adherent) drug related behaviors. These domains have been summarized as the "4A'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 progress report, dated 5/28/15 it was noted that Tylenol #3 BID took the edge off the injured worker's pain and allowed her to increase her daily function. It reduced her pain by 25%, and she denied any side effects. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.