MAXIMUS Federal Services

Case Number:	CM15-0147002		
Date Assigned:	08/07/2015	Date of Injury:	11/26/1999
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old male, who sustained an industrial injury on November 26, 1999. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, spinal cord stimulator, medication and medial branch block injection. Currently, the injured worker complains of intermittent, aching, sharp and tingling back pain that radiates to he left lower extremity. He reports the pain interferes with his sleep pattern. The injured worker is currently diagnosed with post lumbar laminectomy syndrome and chronic pain syndrome. A progress noted dated April 16, 2015 states the injured worker experienced relief from his pain medication (10 on 10 without medication and 4 on 10 with medication). The note also states the injured worker is able to engage in activities of daily living when he takes his pain medication. A progress noted dated May 14, 2015 states the injured worker experiences relief from pain and muscle spasms when he takes Tylenol #4 and soma. The note also states the injured worker experienced 80% improvement in pain that lasted for 4 months from the medical branch block injection. The medication, Acetaminophen-Codeine 300-60mg #90 is requested to continue to provide the injured worker with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 300mg-codeine 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 1999 and has had surgery, a spinal cord stimulator, medication and medial branch block injection. There was still pain in the back that radiated to the left lower extremity. The diagnoses were post lumbar laminectomy and chronic pain syndrome. As of April 2015, the claimant had a 60% drop in subjective pain scores and can engage in activities of daily living when he takes his pain medication. Objective quantification of functional improvement is not noted. The Opiate component is the key medicine in this request. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.