

Case Number:	CM15-0163055		
Date Assigned:	08/31/2015	Date of Injury:	09/14/2005
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: Georgia

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 42 year old female injured worker suffered an industrial injury on 9-14-2005. The diagnoses included cervical myofascial strain with trigger points. The treatment included medications. On 6-3-2015, the treating provider reported increased pain. She reported her headaches come up the back of the head and wrap around to the front with a tingling sensation. She reported she continued to have cramping in the legs. She reported the tightness and inflammation in the left side of the neck into the jaw and down the collarbone extending to the shoulders and down the left arm. It was not clear is the injured worker had returned to work. The requested treatments included APAP with codeine 300/30mg.

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: APAP with codeine 300/30mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. There was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.