

<b>Case Number:</b>	CM15-0182887		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 37 year old female, who sustained an industrial injury on 6-25-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar radiculopathy status post lumbar surgery. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing low back pain rated 7-8 out of 10 VAS associated with numbness and tingling in bilateral lower extremities. It was noted she did not take medication daily, only as needed. It was documented she did not use the Norco as it was causing headaches. She was taking Tylenol #3, it decreased pain and caused sleepiness. On 8-27-15, the physical examination documented limited lumbar range of motion, tenderness, pain with facet loading and decreased sensation in lower extremities. The plan of care included a prescription for Ultracet #60. The appeal requested authorization for APAP with Codeine 300-30 #60. The Utilization Review dated 9-3-15, denied the request stating "there was inadequate documentation supporting the need for long-term opioid therapy." Per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP /w codeine 300/30mg #60 (MED=9): 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, criteria for use, Opioids for chronic pain.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The APAP /w codeine 300/30mg #60 is not medically necessary and appropriate.