

Case Number:	CM15-0183437		
Date Assigned:	09/24/2015	Date of Injury:	09/24/2012
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old male who sustained industrial injuries 9-24-2012. Diagnoses have included cervical myofascial strain, cervical facet arthropathy, lumbar radiculopathy, right shoulder impingement syndrome, lumbago, cervicalgia, thoracic myofascial strain and lumbar myofascial strain. Documented treatment includes right wrist and elbow fusion, shoulder and knee injections, lumbar facet medial branch blocks, home exercise, treatment with a pain management specialist, and chiropractic and physical therapy which the injured worker reports 7-31-2015 as "helpful"; Past medications noted have included Ultracet causing nausea, vomiting, shortness of breath and hives, and Tylenol number 3 stated to have caused nausea and vomiting. He has also tried Tramadol, Amitriptyline, Nortriptyline, Gabapentin, Venlafaxine, Sertraline, Butrans, and Flexeril all stated to have "failed." On 2-2015, he was taking Prilosec, Norco and a topical pain cream stated to "increase function and decrease pain." Norco has been prescribed for at least all of 2015, but the beginning date is not provided in the current medical records. Lyrica was added 3-31-2015. Throughout this time, the injured worker reported that Norco helped him increase function and decrease pain, but pain levels have consistently been reported as 9 out of 10. Cymbalta was added on 5-29-2015. The injured worker continued reporting that his pain has been "worsening." On 7-31-2015, the physician requested APAP with codeine 300-30 mg for "breakthrough pain" but this was denied on 8-26-2015. There is no mention of pain contract in the medical records. Urine drug screen from 2014 is stated to have been "consistent." The physician states the injured worker has not been receiving pain medications from multiple offices and there is no mention of abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300-30 mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2006 while working for a recycling company due to cumulative trauma. Medications have included Norco at a total MED (morphine equivalent dose) of 15 mg per day with reported benefit. In June 2015, medications were providing temporary benefit. He had been able to refill his medications. The assessment references Tylenol #3 as having caused nausea and vomiting. When seen by the requesting provider he was having increased pain. He was considering surgery. Current medications were providing minimal relief. He was no longer taking any opioid medication. Physical examination findings included decreased bilateral shoulder range of motion with positive impingement testing. Speeds testing were positive on the right side. There was bilateral lateral epicondyle tenderness with decreased range of motion. He had decreased knee range of motion bilaterally with tenderness over the entire knee. McMurray's testing was positive on the right side and patellofemoral grind testing was positive on the left. Tylenol #3 was prescribed. The total MED was 12 mg per day. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there is no documentation that opioid medications at an equivalent dose had provided decreased pain through documentation of VAS pain scores or specific examples of an increased level of function or improved quality of life. The claimant also has had adverse side effects from this medication in the past. Prescribing Tylenol #3 was not appropriate or medically necessary.