MAXIMUS Federal Services

Case Number:	CM15-0187524		
Date Assigned:	09/29/2015	Date of Injury:	09/14/2011
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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, Pain Management, 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 9-14-11. The injured worker was diagnosed as having lumbago and thoracic or lumbosacral neuritis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker complains of "Lower left back to middle of back and left butt cheek, left leg gives out." The provider documents "he complains of pain in the left low back and left leg. EMG-NCS revealed left S1 radiculopathy. He has a surgical consult, who recommended surgery." The injured worker wanted to try functional restoration program (FRP) to avoid surgery. It was authorized to start but denied continuation "despite making excellent progress". The injured worker presents on this date for an evaluation and management and refill of medications. He reports he has made changes in his diet and that he is trying to continue to learn more about nutrition. He did not complete the FRP and did not develop home movement and exercise program. He attended a gym and rides his bicycle daily. He reports he does not stretch much but practices stress management. He reports using acetaminophen with codeine sparingly but requests a refill today. The provider reports he has signed a Controlled Substance Agreement and agrees to random screening. The provider documents "He rates his current pain severity as 6 out of 10, his best (least) pain severity as 5 out of 10 and his worst pain severity as 8 out of 10. This is unchanged since his last visit." The provider documents a physical examination as: "Lumbar Spine: flexion 40% of expected range of motion, extension 20%; left and right lateral flexion 90% with pain;

left and right lumbar rotation 50%; pain elicited with all active range of motion. There are tender trigger points in the low lumbar areas bilaterally. There is tenderness over the lower facet joints. Straight leg raise of left and right leg elicits pain in lower back. Deep tendon reflexes are present and equal bilaterally at the patella but absent at the Achilles. Dull and sharp sensation intact bilateral lower extremities. He no longer uses a cane since completing the first 8 weeks of our 26 week functional restoration program." The provider is requesting a refill of medication and return in 6 weeks. A PR-2 note dated 7-13-15 documents the same examination, findings and request for refill on medication. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-10-15 and non-certification was for Acetaminophen with Codeine 300mg-60mg tab (Refills 1) take 1 three times daily #90 (prescribed 8-24-15). A request for authorization has been received for Acetaminophen with Codeine 300mg-60mg tab (Refills 1) take 1 three times daily #90 (prescribed 8-24-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine 300mg/60mg tab (Refills 1) take 1 three times daily #90 (prescribed 8/24/2015): 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, cancer pain vs. nonmalignant pain, Opioids for chronic pain.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-cancer pain should result in functional improvement. The use of Tylenol with codeine in this case has not provided any meaningful functional improvement. Therefore chronic opioid maintenance therapy is not appropriate and does not adhere to evidence-based guidelines. The ongoing use of Tylenol with Codeine is not medically necessary.