

Case Number:	CM15-0197697		
Date Assigned:	10/09/2015	Date of Injury:	01/26/1998
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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, California
 Certification(s)/Specialty: Family Practice

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 56 year old male with an industrial injury date 01-26-1998. Medical record review indicates he is being treated for lumbar radiculopathy, lumbar-lumbosacral disc degeneration, lumbar disc disorder and chronic back pain. Subjective complaints (07-08-2015) included back pain radiating down to both legs. The injured worker rated his pain as 8 out of 10 with medications and 10 out of 10 without medications. The treating physician documents: "With medications patient is able to lift 10-15 pounds, walk 5 blocks, sit 60 minutes and stand 30 minutes." "With the medication the patient can perform household tasks including cooking, cleaning, self-care, laundry, and grocery shopping for approximately 30 minutes at a time." "Without medications patient is able to lift 5 pounds, walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication the patient can perform household tasks including cooking, cleaning, self-care, laundry and grocery shopping for approximately less than 10 minutes at a time. Work status is documented (07-08-2015) as "working full time." His medications included Neurontin, Tylenol with codeine # 3 (since at least 03-18-2015), Zanaflex and Hydrochlorothiazide. Prior treatment included lumbar epidural steroid injections, TENS unit and medications. Objective findings included restricted range of motion of the lumbar spine with spasm, tenderness and tight muscle bands. Urine drug screen (05-13-2015) is documented as "appropriate and consistent." The treating physician documented evaluation of the 4 A's of pain medication at the visit dated 07-08-2015. Per the note dated 9/16/15 the patient had complaints of low back pain with radiculopathy at 3-5/10. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm, and negative SLR. Patient had received lumbar ESI on 7/10/2015. The patient sustained the injury due to slip

and fall incident. The patient has had MRI of the lumbar spine on 2007 that revealed disc protrusions. The patient had used a TENS unit for this injury. The patient had improved function ADL with medication, had no adverse effects and no aberrant drug behavior, and had signed opioid agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS/APAP/Codeine 300-30 mg #150: Overturned

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

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

Decision rationale: This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Per the note dated 9/16/15 the patient had complaints of low back pain with radiculopathy at 3-5/10. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm. The patient has had MRI of the lumbar spine on 2007 that revealed disc protrusions. Therefore the patient has chronic pain along with significant abnormal objective findings. His medications included Neurontin, Tylenol with codeine # 3 Zanaflex and Hydrochlorothiazide. Patient has had a trial of non-opioid medications for this injury. The patient had improved function with medications, had no adverse effects and no aberrant drug behavior, and had a signed opioid agreement. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication POS/APAP/Codeine 300-30 mg #150 is medically necessary and appropriate in this patient.