

Case Number:	CM15-0199331		
Date Assigned:	10/14/2015	Date of Injury:	09/01/2013
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, 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 38 year old male who sustained an industrial injury on 09-01-2013. According to a progress report dated 09-02-2015, the injured worker was seen for neck and back pain. Symptoms had remained the same since the last visit. He continued to have congestion and pain in his nose. He reported aching and stiffness in the neck. Neck pain was rated 6 on a scale of 1-10. Pain radiated to the mid back and the bilateral shoulders. He reported difficulty with cervical flexion when eating or reading (caused increased pain). He reported left sided chest pain that come down from the neck and shoulders. Low back pain was rated 7 and radiated down the right lower extremity to the foot. He reported difficulty with climbing stairs, bending at the waist or walking for long periods of time. Sleep was disturbed due to right lower extremity complaints and low back pain. He woke up 3-4 times a night. History of treatment included chiropractic treatments with moderate relief. The injured worker had not had any physical therapy, acupuncture, injections or surgery, according to the provider. The injured worker had tried Advil, Tramadol and Naproxen without relief. Norco was discontinued. Current medications included Flexeril, Tylenol III and Relafen. Medications helped ease pain and increase function. The injured worker reported 50% decrease for 2-3 hours with these medications. Diagnoses included cervical and lumbar radiculopathies and probable lumbar radiculopathy. The treatment plan included MRI of the cervical and thoracic spine, continuation of chiropractic therapy, internal medicine consult, once month psychiatrist appointments, psychotherapy once weekly for depression and Relafen, Flexeril and Tylenol III. Follow up was indicated in 6 weeks. The injured worker was temporarily partially disabled. Documentation showed use of APAP with Codeine dating back to April 2015. On 09-04-2015, Utilization Review non-certified the request for APAP with Codeine 300-30 mg #60 and authorized the request for pain psychology consultation.

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 #60: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on other opioids and intermittently on APAP/codeine in the past without significant improvement in pain or function. No one opioid is superior to another. The continued use of Tylenol #3 is not medically necessary.