

<b>Case Number:</b>	CM15-0200801		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/02/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 49 year old female injured worker suffered an industrial injury on 6-2-2007. The diagnoses included left shoulder adhesive capsulitis, dorsal column stimulator T11-12, thoracic radiculopathy, low back pain, lumbar facetal pain and sacroiliitis. On 8-27-2015 the treating provider reported low back pain and neck pain. The neck pain radiated to the left shoulder and scapular region as well as the left arm. The lumbar pain was rated 8 out of 10. She reported the medications helped the pain. On exam there were spasms in the cervical muscles with stiffness. There were spasms in the lumbar spine with reduced range of motion. Tylenol #4 had been in use at least since 2-19-2015. Other medications in use were Nortriptyline and Cyclobenzaprine. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no current aberrant risk assessment. The Utilization Review on 9-8-2015 determined non-certification for APAP/Codeine tab 300-60mg day supply: 30 Qty: 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine tab 300-60mg day supply: 30 Qty: 90: 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, Opioids, long-term assessment.

**Decision rationale:** The sustained a work injury in June 2007 when she fell down stairs with injury to the left upper extremity and mid and lower thoracic spine. She underwent a left rotator cuff repair. In 2013 a spinal cord stimulator was implanted for thoracic radicular pain. She has ongoing chronic pain with secondary depression and insomnia. In May 2015 she had difficulty obtaining Tylenol #4 and had pain rated at 8/10. When seen, she had persistent neck and low back pain. Pain was rated at 8/10. Medications and ice were helping for pain. She was having difficulty sleeping due to pain and spasms. Physical examination findings included a weight of 210 pounds. She had decreased and painful cervical and lumbar spine range of motion with spasms. There were left upper extremity dysesthesias. Tylenol #4, Nortriptyline, and cyclobenzaprine were prescribed. Tylenol #4 is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Pain scores in May 2015 when this medication was unavailable and when it was requested were unchanged. Continued prescribing at this dose is not medically necessary.