

Case Number:	CM15-0207383		
Date Assigned:	10/26/2015	Date of Injury:	09/14/2005
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 -year-old female who sustained an industrial injury on 9-14-2005 and has been treated for cervical and thoracic sprain, left medial epicondylitis, left ulnar neuropathy, lumbar myofascial strain, left infraspinatus tear, and left shoulder acromioclavicular joint arthropathy. On 9-9-2015, the injured worker reported her current pain level as 6 out of 10 in her back, and 5 out of 10 in the neck, with frequent headaches. Back pain was characterized as aching and radiating into the left upper extremity, with some tingling in the back, and she experiences stabbing headache pain. She also reported pain radiating down both legs with pins and needle sensations. Documented treatment includes chiropractic therapy, physical therapy, acupuncture, C6-7 fusion in 3-2008 with residual muscle pain, left shoulder surgery 5-30-2014, left shoulder cortisone injections, and medication including NSAIDs, Duloxetine, Cymbalta, Ambien, Baclofen, Norco, and Tylenol #3 which she takes 4 times per day and is stated to bring pain from 9 out of 10 to a 4 out of 10 allowing an increase in activity level. Some constipation is noted as a side effect. The physician noted that urine drug screens have been "consistent." She has been using this medication since at least 5-2015. The treating physician's plan of care includes APAP with codeine 300-30 mg #120 tablets which was modified to #90 for tapering and discontinuation.

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 #120: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of APAP/Codeine nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The documentation submitted for review noted that the injured worker rated pain without medication 9/10 and 4/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it was noted that UDS dated 8/20/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.