MAXIMUS Federal Services

Case Number:	CM15-0021208		
Date Assigned:	02/10/2015	Date of Injury:	06/12/2009
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 63 year old male, who sustained an industrial injury on 06/12/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic low back pain, lumbar disc degenerative disease, left lumbar five motor and sensory radiculopathy, pain-related insomnia, and pain-related depression. Treatment to date has included medication regimen, psychotherapy, and laboratory studies. In a progress note dated 12/12/2014 the treating provider reports tinnitus to the left ear, chronic headaches, chronic low back pain with radicular symptoms to the left lower extremity, and an improvement in anxiety and a decrease in panic attacks. The pain is noted as a six to seven out of ten without medication and a three to four out of ten with medication. The treating physician requested Acetaminophen/Codeine noting Norco's effectiveness lasted only four to five hours for the injured worker's pain. On 01/02/2015 Utilization Review non-certified the requested treatment of Acetaminophen/Codeine tablet 300-60mg for a thirty day supply with a quantity of 120, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, Second Edition, 2004 page 115, Chapter 3, pages 47 to 49, Chronic Pain Medical Treatment Guidelines, July 18, 2009, page 78, pages 80 to 81, and page 82.

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: 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Opioids. Page(s): 78, 80-81, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The APAP/CODEINE tab 300-60MG, day supply 30 QTY: 120 is not medically necessary and appropriate.