

<b>Case Number:</b>	CM15-0026811		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

This is a 31 year old female patient, who sustained an industrial injury on 11/4/08. The diagnoses have included HNP and facet arthropathy of lumbar spine and compression deformity of mid and low back. Per the doctor's note dated 2/6/2015, she had complaints of mid and low back pain with radiation to the lower extremities and neck pain with radiation to bilateral shoulders. Physical examination revealed tenderness and spasm of the paraspinal muscles. The current medications list includes lidopro ointment and Tylenol #3. She has had thoracic spine MRI on 6/25/13, which revealed multi level degenerative disc disease; lumbar MRI on 6/25/13, which revealed degenerative disc disease; MRI right knee on 9/5/14. She has had physical therapy, chiropractic therapy and acupuncture for this injury. According to the utilization review performed on 2/2/15, the requested acetaminophen with codeine 300 per 30 MG Qty 60 has been non-certified. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines opioids, criteria for use of opioids were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen with Codeine 300 per 30 MG Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 03/23/15) Opioids, criteria for use.

**Decision rationale:** Request: Acetaminophen with Codeine 300 per 30 MG Qty 60 Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other 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 nonopioid means of pain control, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioids for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of acetaminophen with codeine 300 per 30 MG Qty 60 is not established for this patient.