

Case Number:	CM15-0029937		
Date Assigned:	02/23/2015	Date of Injury:	02/07/1983
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65-year-old male sustained an industrial injury on 2/7/83, with subsequent ongoing low back pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/29/14, the injured worker pain 3-6/10 on the visual analog scale to the lumbar spine. The injured worker reported that the current analgesic regimen was satisfactory. The injured worker appeared fatigued and uncomfortable appearing. Current diagnoses included lumbar degenerative disc disease with mechanical low back pain, muscle spasm, insomnia, lumbar spondylosis, situational stress and disability. The treatment plan included refilling Codeine and Robaxin. On 1/14/15, Utilization Review modified a request for Codeine 60mg #240 to Codeine 60mg #132 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine 60mg #240: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Codeine (Tylenol with Codeine; 1/2) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Codeine (Tylenol with Codeine) Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Codeine has disadvantages in that it is a pro drug that needs to be converted by the cytochrome P450 isoenzyme 2D6 to morphine, plus there are FDA alerts of ultra-rapid metabolism. (Ray, 2013) See also Opioids for general guidelines, as well as specific Codeine (Tylenol with Codeine) listing for more information and references. Adverse effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 10% of cases. Codeine should be used in caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. (AHFS Drug Information, 2008) (Clinical Pharmacology, 2008) (Lexi-Comp, 2008). There is no documentation of pain and functional improvement with previous use of codeine. There is no documentation of compliance of the patient with his medications. Therefore, the request is not medically necessary.