

Case Number:	CM15-0211563		
Date Assigned:	10/30/2015	Date of Injury:	12/11/2002
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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 59-year-old female who sustained an industrial injury on 12-11-2002 and has been treated for lumbar radiculopathy, lumbar facet spondylosis, and myofascial pain syndrome. On 9-10-2015 the injured worker reported constant pain described as aching, burning, dull, pressure-like, and sharp which radiates to the buttocks, and both legs. Worst pain is stated as 8 out of 10, but averages 5 out of 10. Activities such as prolonged positioning, bending, coughing, stairs, driving, lying flat, standing up, and sleeping are all impaired due to pain. She stated that at night she gets muscle cramps, numbness, sweats, and has an inability to fall and stay asleep. Objective findings included lumbar tenderness over spinous processes and paraspinal musculature bilaterally, positive facet loading, and trigger points. Documented treatment includes cold, heat, injections, a transforaminal block performed 12-2014 stated to have helped 90 percent; physical therapy, and medication including Pravachol, Protonix, Ativan, hydroxyzine, Systane, and Tylenol-Codeine #3. The Tylenol with Codeine has been part of the treatment plan since at least 4-2015. Specific response to this medication before and after treatment, side-effects, medication behaviors, pain contract or urine drug screens are not addressed in the provided documents. A request was submitted for APAP-Codeine #30, but this was denied on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine tab 300/30mg #30, Day supply: 30 (Rx date 10/09/15): Upheld

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

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 ongoing 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 no documentation to support the medical necessity of APAP/Codeine or any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore the request is not medically necessary and cannot be affirmed.