

Case Number:	CM15-0220207		
Date Assigned:	11/13/2015	Date of Injury:	07/09/1993
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/09/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 07-09-1993. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for heart disease, congestive heart failure, high blood pressure, high cholesterol, chronic low back pain, lumbar degenerative disc disease, and post-laminectomy syndrome. Medical records (09-21-2015) indicate ongoing low back pain with radiating pain into the bilateral lower extremities. Pain levels were not rated on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has permanent and stationary. The physical exam, dated 09-21-2015, revealed no abnormal objective findings. Relevant treatments have included lumbar laminectomies (x2), work restrictions, and medications. Per the PR (09-21-2015), current pain medications included Ketamine cream, diclofenac cream, gabapentin, and Morphine ER. The Morphine was noted to be discontinued on this visit. The request for authorization (10-05-2015) shows that the following medication was requested: retrospective Tylenol #4 (acetaminophen with codeine) #60 DOS: 09-21-2015. The original utilization review (10-12-2015) non-certified the request for retrospective Tylenol #4 (acetaminophen with codeine) #60 DOS: 09-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tylenol #4- Acetaminophen with codeine, #60 DOS: 9/21/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine®).

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II 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." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do indicate what first-line treatment was tried and failed. Additionally, medical records do detail how the patient's pain and functional level improve with the use of this medication. As such, the request for Retrospective Tylenol #4- Acetaminophen with codeine, #60 DOS: 9/21/15 is medically necessary.