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| Case Number: | CM15-0220798 | | |
| Date Assigned: | 11/13/2015 | Date of Injury: | 05/21/2013 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/13/2015 |
| 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: California
 Certification(s)/Specialty: Emergency 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 55 year old female who sustained an industrial injury on 5-21-13. A review of the medical records indicates that the worker is undergoing treatment for herniated lumbar disc-left, with chronic pain and sciatica. Subjective complaints (8-14-15) include radicular pain down the left leg. The worker was seen by the neurosurgeon who recommended water therapy and if that did not help, then she would likely need surgery. The worker reports water therapy did not help, but made it worse and now has pain in the right gluteal area and sometimes pain down the right leg. Objective findings (8-14-15) include tenderness over the left sciatic notch and over the lumbosacral paraspinous muscles, pain down the left leg with straight leg raising 90 degrees in the sitting position and 50 degrees in the supine position, and the worker reports sensory deficit in the left anterior thigh and lateral aspect of the left leg. Work status was noted as continue with modified work. Previous treatment includes non-steroidal anti-inflammatory drugs, aqua therapy, two lumbar epidural steroid injections, Tylenol with Codeine, and Ibuprofen. The treatment plan includes refill of Tylenol 4 #90 one twice a day as needed for pain, Cyclobenzaprine 10mg #30 one at bedtime, and evaluation by the neurosurgeon on 9-23- 15. The requested treatment of Acetaminophen-Codeine 300-60mg was non-certified on 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine TAB 300-60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Acetaminophen/Codeine TAB 300-60 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has radicular pain down the left leg. The worker was seen by the neurosurgeon who recommended water therapy and if that did not help, then she would likely need surgery. The worker reports water therapy did not help, but made it worse and now has pain in the right gluteal area and sometimes pain down the right leg. Objective findings (8-14-15) include tenderness over the left sciatic notch and over the lumbosacral paraspinous muscles, pain down the left leg with straight leg raising 90 degrees in the sitting position and 50 degrees in the supine position, and the worker reports sensory deficit in the left anterior thigh and lateral aspect of the left leg. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Acetaminophen/Codeine TAB 300-60 mg is not medically necessary.