

Case Number:	CM15-0030182		
Date Assigned:	02/23/2015	Date of Injury:	09/04/2002
Decision Date:	04/03/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 65 year old male who sustained an industrial injury on 09/04/2002. Current diagnoses include post laminectomy syndrome, multilevel degenerative discopathy and spondylosis, and lumbar stenosis. Previous treatments included medication management, psycho pharmacotherapy, lumbar surgery, home exercise and stretching program. Report dated 01/21/2015 noted that the injured worker presented with complaints that included persistent low back pain with numbness and tingling in the lower extremities. Physical examination was positive for abnormal findings. Utilization review performed on 02/13/2015 non-certified a prescription for APAP with codeine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89.

Decision rationale: The 2/13/15 Utilization Review letter provided for review is missing pages and states the APAP/Codeine 300/30mg was denied but the pages with the rationale for the denial are not available. The 1/21/15 orthopedic report states the patient presents for follow-up for his low back injury. "He takes Tylenol no. 3 and it has been beneficial for him" The diagnoses include: post laminectomy syndrome; multilevel lumbar degenerative discopathy and spondylosis; lumbar stenosis. The discussion states that UR denied a gym membership and the provider states "this is the only thing that keeps him going" he needs to have access to a warm pool and Jacuzzi. The report did not provide details on functional improvement, pain relief or quality of life with use of Tylenol no. 3. The prior report is dated 12/18/14 and states the patient is running out of Tylenol no. 3, and the physician provided Ultracet. There was no mention of efficacy of Tylenol no. 3 in any of the available medical reports from 8/21/14 through 1/21/15. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment Criteria for Use of Opioids Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for APAP/Codeine 300/30mg, IS NOT medically necessary.