

Case Number:	CM15-0039061		
Date Assigned:	04/08/2015	Date of Injury:	11/07/2013
Decision Date:	05/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 31-year-old male, with a reported date of injury of 11/07/2013. The diagnoses include cervical sprain/strain, lumbar sprain/strain, and lumbar facet arthropathy. Treatments to date have included an MRI of the lumbar spine, chiropractic treatment, oral medications, and physical therapy. The progress report dated 01/16/2015 indicates that the injured worker complained of low back pain and neck pain. He rated his neck pain 5-8 out of 10, and his low back pain was rated 8-9 out of 10. The physical examination showed tenderness to palpation in the bilateral lumbar paraspinous regions, pain with facet loading of the bilateral lumbar spine, decreased cervical range of motion, decreased lumbar range of motion, and intact sensation in the upper and lower extremities. The treating physician requested acetaminophen (APAP) with codeine 300/30mg #90 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

APA with codeine 300/30mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77-78.

Decision rationale: According to MTUS guidelines, Tylenol # 3 (Codeine/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification for the need to continue the use of opioid. The patient was previously treated with opioids without any evidence of pain and functional improvement. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of APAP with codeine 300/30mg # 90 is not medically necessary.