

<b>Case Number:</b>	CM15-0056158		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 November 16, 2007. The injured worker had reported neck pain, low back pain and right knee pain. The diagnoses have included bilateral carpal tunnel syndrome, lumbar facet arthropathy, lumbar radiculopathy, cervical strain, bilateral shoulder impingement syndrome, bilateral cubital tunnel syndrome, right knee sprain/strain, anxiety and depression. Treatment to date has included medications, electrodiagnostic studies, radiological studies, cortisone injections and a home exercise program. Current documentation dated February 11, 2015 notes that the injured worker reported her main complaints included lumbar spine pain and bilateral upper extremity pain. The low back pain was noted to radiate to the bilateral lower extremities. Examination of the lumbar spine revealed tenderness and a negative bilateral straight leg raise. Examination of the bilateral elbows revealed tenderness to palpation. Tinel's and Phalen's tests of the bilateral wrists were positive. The injured worker was noted to have an antalgic gait. The treating physician's plan of care included a request for the pain medication APAP/Codeine 300/30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using Tylenol #3 for at least months leading up to this request for renewal. However, there was insufficient evidence that this full review was completed at the time of this request, in particular the report of specific and measurable functional gain and pain reduction directly and independently related to the Tylenol #3 use. Also, the documentation suggested that she was also prescribed Norco, and there does not seem to be any indication for both of these to be prescribed together. Therefore, the request for APAP/Codeine will be considered medically unnecessary.