MAXIMUS Federal Services

Case Number:	CM15-0085151		
Date Assigned:	05/07/2015	Date of Injury:	03/30/1990
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 an 80 year old male, who sustained an industrial injury on 3/30/90. He reported pain in his lower back. The injured worker was diagnosed as having low back pain. Treatment to date has included lumbar x-rays, Acetaminophen with codeine 300/3mg (since at least 12/2014) and NSAIDs. As of the PR2 dated 4/14/15, the injured worker reports recurrent flare and worsening of back pain. The treating physician noted no edema, deformities or tenderness in the extremities or spine. The medications are carisoprodol, acetaminophen with codeine, naproxen and omeprazole. The treating physician requested to continue Acetaminophen with codeine 300/3mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with codeine 300/30mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid medications and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that this 80 year old patient is utilizing sedative muscle relaxants concurrently. The patient reported a temporary exacerbation of the pain that did not require chronic opioid medication with multiple refills. There is no documentation of compliance monitoring of serial UDS or CURES data reports. The patient was noted to be compliant without aberrant behavior. The guidelines did not support the prescription of opioid medication refills because documentation of functional restoration, compliance and continual indication for opioids is required. The criteria for Acetaminophen with codeine 300/30mg #90 with 2 refills was not met. Therefore, the request is not medically necessary.