

Case Number:	CM14-0130107		
Date Assigned:	09/16/2014	Date of Injury:	12/12/2011
Decision Date:	10/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of December 12, 2011. A Utilization Review was performed on July 18, 2014 and recommended non-certification of APAP/Codeine tab 300-30mg; days supply: 15; quantity 60. A Progress Report dated June 26, 2014 identifies Current Complaints of pain in the neck, shoulders, left elbow, wrists, and upper back. Objective Findings identify pain with flexion and extension of the cervical spine. Sensory examination reveals decreased sensation to light touch over the left medial elbow region. Left shoulder reveals limited and painful active and passive range of motion. Decreased sensation to light touch over the medial aspect of the elbow. Generalized tenderness of the thoracic spine. Diagnose identify cervical spine narrowing of the disc spaces at C5-6 and C6-7, compatible with degenerative changes; cervical spine sprain/strain; left shoulder adhesive capsulitis; left shoulder arthroscopic rotator cuff repair, biceps tenodesis, debridement of the glenohumeral joint, subacromial decompression with bursectomy and partial acromioplasty 12/2/13; right shoulder joint pain from overcompensation; left elbow status post ulnar nerve decompression and ulnar nerve subcutaneous anterior transposition 2/11/13; bilateral wrist sprain/strain; bilateral wrist/hand carpal tunnel syndrome; right trigger thumb; thoracic spine sprain/strain with radiculopathy; and gastritis, non-industrial. Treatment Plan identifies prescribed Tylenol #3 qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine Tab 300-30mg; Day Supply: 15; Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for APAP/Codeine, California Pain Medical Treatment Guidelines state that APAP/Codeine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested APAP/Codeine is not medically necessary.