

Case Number:	CM14-0213852		
Date Assigned:	12/31/2014	Date of Injury:	08/30/2002
Decision Date:	02/27/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 patient is a 58 year old male with an injury date on 8/30/02. The patient complains of lower back pain rated 7/10, aching cervical pain rated 7/10, left arm pain rated 6/10 with numbness, bilateral knee pain rated 5/10 with pins/needles sensation, and bilateral foot pain rated 5/10 with pins/needles sensation per 10/31/14 report. The back pain is worsening daily per 9/19/14 report. The patient has persistent numbness/tingling to the left lower extremity per 9/19/14 report. Based on the 10/31/14 progress report provided by the treating physician, the diagnoses are: 1. Left knee medial meniscectomy - 3/30/07 2. Right knee tendinitis 3. Left knee internal derangement 4. Plantar fasciitis 5. Left sciatica 6. S/p left laminectomy/microdiscectomy at L4-5 and L5-S1 - 1/12/11 7. Two-level posterior lumbar inter body fusion, L4-5 and L5-S1 8/24/11. Cervicalgia A physical exam on 10/31/14 showed "L-spine midline tenderness into the mid-thoracic spine to the cervical spine." C-spine range of motion is limited with chin to chest flexion at 20 degrees, and L-spine range of motion is reduced per 8/22/14 report. The patient's treatment history includes medications, aquatic therapy (beneficial), and multiple lumbar surgeries. The treating physician is requesting APAP/Codeine 300/30mg Q6-84 PRN with one refill #60 for the bilateral knees, bilateral feet lumbar spine. The utilization review determination being challenged is dated 11/29/14. The requesting physician provided treatment reports from 5/30/14 to 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg Q6-8H PRN with one refill #60 for the bilateral knees, bilateral feet and lumbar spine: 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 and Medication for chronic pain. Page(s): 88, 89, 76-78, 60-61.

Decision rationale: This patient presents with lower back pain, neck pain, left arm pain, bilateral knee pain, bilateral foot pain. The treater has asked for APAP/Codeine 300/30mg Q6-84 PRN with one refill #60 for the bilateral knees, bilateral feet lumbar spine on 10/31/14. Patient has been taking APAP/Codeine since 5/30/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not indicate a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.