

<b>Case Number:</b>	CM14-0215221		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Texas, California  
 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:

This is a 53 years old female patient who sustained an injury on 12/31/2005. The current diagnoses include status post lumbar fusion at L4, L5 and S1, probable pseudoarthrosis, lumbar disc herniation at L2-3 and L3-4, lumbar radiculopathy and right SI joint dysfunction. Per the doctor's note dated 11/17/2014, she had complaints of neck and low back pain with radiation to left lower extremity with numbness; right hand pain and numbness. The physical examination revealed slow and antalgic gait, lumbar spine- tenderness, decreased range of motion, decreased sensation in left L4, L5 and S1 dermatomes and decreased strength in left lower extremities and negative straight leg raising test, positive SI joint tenderness on the right and positive Faber test bilaterally. The medications list includes tramadol, gabapentin, Norco and Tylenol#3. She has had multiple diagnostic studies including bone scan on 12/18/2013; lumbar CT scan on 4/17/2012; lumbar MRI dated 3/16/2012 which revealed post-operative changes and disc herniation at L2-3 and L3-4. She has undergone lumbar fusion at L4-5 and L5-S1 in 8/2009. She has had urine drug screen on 6/16/2014 which was positive for opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP with Codeine 300/30mg #60.:** 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): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 02/10/15), Opioids, criteria for use.

**Decision rationale:** Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The patient has been prescribed tramadol and Norco which are also opioids. The response to these medications is not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioids for this patient. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Prospective request for 1 prescription of APAP with Codeine 300/30mg #60 is not established for this patient.