

Case Number:	CM14-0216245		
Date Assigned:	01/06/2015	Date of Injury:	09/14/2005
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 an injury date of 09/14/2005. An orthopedic follow up visit dated 11/11/2014 described progress note regarding request for authorization. The patient is still complaining of neck and back pain. She reports an increase in tension and pain in her left scapula/trapezius. She also notes an increase in cramping and inflammation to her lower back. She feels the increase in pain is due to having withdrawal from being weaned off Norco medication. There are still services pending for a steroid injection. The patient is noted being status post left shoulder surgery on 05/30/2014. She is noted having last worked June 2007. Prior treatment includes; chiropractic therapy, five sessions of physical therapy to include acupuncture and will continue with six sessions of physical therapy treating post-operative left shoulder. A request was made on 12/10/2014 asking for medication Acetaminophen/Codeine. The following medications are included in her medical management; Norco, Naproxen, Tylenol, Prilosec, Elavil, Zantac, Baclofen, Reglan and Furosemide. Radiographic computerized tomography scan performed 04/12/2013 showed status post C6-7 fusion without apparent complication and anatomically aligned. No focal protrusions or stenosis and consider MRI of the cervical spine if indicated. Digital imaging performed on 02/24/2012 showed C6-7 anterior interbody fusion with some residual disc space visible and minimal degenerative disc changes. An MRI of the lumbar spine performed on 10/16/2009 gave the impression of degenerative disc disease and facet arthropathy with retrolisthesis L4-5 with L4-5 central protrusion an annular fissure without evidence for canal stenosis or neural foraminal narrowing; minimal levoscoliosis is suspected. She was diagnosed with; degenerative disc disease (DDD) of the cervical spine

with radiculopathy, DDD of the lumbar spine with radiculopathy, lumbar facet syndrome and cervical adjacent segment disease. The plan of care involved continuing to request medical branch block of lumbar spine, epidural of cervical spine and triple phase bone scan to rule out pseudoarthritis. A primary treating office visit note dated 10/16/2014 showed a four and a half month post-operative follow up and patient reporting occasional pain with certain motions in the left shoulder. Physical examination found range of motion in the left shoulder is excellent with forward elevation to 175 degrees. She has slight pain with extremes of motion. There were multiple physical therapy visits provided ranging from a service date of 07/21/2014 through 08/11/2014 that revealed objectives to involve ultrasound/phonophoresis, therapeutic exercise and manual therapy. The patient problems were listed as such; shoulder pain, decreased range of motion, shoulder weakness and unable to perform activities of daily living. The Utilization Review denied the request on 12/12/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen & codeine phosphate 300mg/30mg tablets C-III: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 78, 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 and 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2005. The medical course has included numerous treatment modalities, such as surgery and use of several medications including narcotics and non-steroidal anti-inflammatory drugs (NSAIDs). Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids (Tylenol with codeine) to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Tylenol with codeine is not substantiated in the records; therefore, this request is not medically necessary.