

Case Number:	CM15-0011705		
Date Assigned:	01/27/2015	Date of Injury:	03/20/2008
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker is a 49 year old male who sustained an industrial injury reported on 3/20/2008. He jumped from one roof section to another injuring his left hip and left leg. He has reported heartburn status-post stopping non-steroidal anti-inflammatories x 1 year. The diagnoses have included esophageal reflux versus chronic gastritis; and left foot plantar fasciitis. The physical examination reveals tenderness to the posterior foot. Treatments to date have included consultations; diagnostic imaging and laboratory studies; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/8/2015 Utilization Review (UR) modified, for medical necessity, the request, made on 12//2014, for APAP/Codeine tab 300/30mg #60 to #30. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines, opioids, were cited.

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 #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 Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved functionality and pain and/or the injured worker has regained employment. In this instance, no indication of pain relief or improved functionality as a result of medication is given. The current work status is not given in the provided documentation. Therefore, APAP/Codeine Tab 300-30mg #60 is not medically necessary.