

<b>Case Number:</b>	CM15-0017129		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female sustained an industrial injury on 7/6/99, with subsequent ongoing back and neck pain. Magnetic resonance imaging lumbar spine (8/10/12) showed disc desiccation, multilevel disc protrusion, disc extrusion and foraminal canal stenosis. In a PR-2 dated 10/2/14, the injured worker complained of ongoing low back and neck pain with radicular symptoms in bilateral arms and legs. Work status was modified duty. Current diagnoses included lumbar spondylosis, degenerative disc disease of the lumbar spine, lumbar radiculopathy, chronic pain syndrome, annular tear L5-S1, facet arthropathy with retrolisthesis, broad based bulge with central protrusion at L5-S1 and L4-5 and moderate canal stenosis. Physical exam was remarkable for tenderness to palpation of the lumbar spine with spasms and significantly decreased range of motion, decreased sensation in the right L4, L5 and S1 dermatoma and decreased strength in the right lower extremity. The treatment plan included a diagnostic transforaminal epidural steroid injection, ongoing consideration of surgical intervention and continuing medications (Norco, Elavil, Flexeril, Gabapentin and Amitriptyline). On 12/23/15, Utilization Review non certified a request for APAP/w Codeine 300/30mg #60 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/w Codeine 300/30mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back and neck pain radiating to upper extremities rated at 6-7/10. The request is for APAP / W CODEINE 300/30MG #60. The request for authorization is dated 12/19/14. The patient is status-post spinal cord stimulator implantation 02/28/14. Patient's range of motion is decreased in her lumbar spine. The patient had a transforaminal epidural steroid injection at L4 and L5 on the right 09/12/14. Per progress report 09/19/14, patient reports 0% relief and notes that her pain has worsened since the injection. Patient had physical therapy in the past with relief and 1 session each of acupuncture and chiropractic treatment without relief. Patient is to continue home exercise. Patient has difficulty sleeping due to pain. Patient's medications include Amitriptyline, Gabapentin, Norco and Ketoprofen. MRI of the umbar spine 08/10/12 shows disc desiccation at L5-S1 and 5mm posterior disc extrusion at L4-5. Patient is working modified duty. 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 4A's (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. Per progress report dated 11/14/14, treater's reason for the request is to "start her on a trial of Tylenol #3 in an attempt to reduce her usage of Norco." The patient has been prescribed Norco an opiate since at least 05/23/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how opiates significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of opiates. Reports do not discuss Norco's efficacy and MTUS does discuss slow weaning from opiates. The treater's request for T#3 to decrease the use of overall opiates appear reasonable. The request IS medically necessary.