

Case Number:	CM15-0124803		
Date Assigned:	07/09/2015	Date of Injury:	03/06/2005
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 3/6/2005. He reported a back and knee injury after a slip and fall accident. The injured worker was diagnosed as having three level status post left long finger interphalangeal joint injury, left knee patellofemoral syndrome, cervical strain/arthrosis, lumbar discopathy, and right knee medial meniscal tear. Treatment to date has included medications, acupuncture, and lumbar epidural steroid injections. The request is for APAP/Codeine 30 mg tab. On 8/26/2008, an AME report recommended the injured worker have access to orthopaedic evaluation as needed. An AME supplemental report dated 12/8/2008, made recommendations for modified work duties. On 11/16/2009, an AME supplemental report indicated the provider felt no treatment was necessary for the left long finger, and left knee. On 3/12/2012, an AME report indicated the injured worker continued to work. The provider indicated there had been a request made for an ergonomic chair and station for home use. On 10/10/2012, an AME supplemental report recommended a zero gravity chair with massage features. On 6/3/2013, he complained of constant low back pain with intermittent radiation down the left lower extremity. The treatment plan included a gym membership. On 4/22/2013, he complained of neck pain with radiation to the left shoulder, and constant pain of the low back. Vicodin and Tizanidine were refilled. On 5/18/2015, he complained of pain to the left hand, low back, and right knee which have remained unchanged. His gait is normal, and there is tenderness over the mid and low lumbar spine areas, and tenderness to the right knee. No tenderness is noted to the left knee. The treatment plan included: Motrin, Tylenol #3, Flexeril and Omeprazole. On 6/9/2015, the injured worker had not been seen

by this provider for 2 years. He is reported to not take medications every day, Motrin for flareups of pain, and Omeprazole for gastrointestinal pain when he does take Motrin. He reportedly rarely takes Tylenol #3 for pain that is not relieved by Motrin. He was seen by the provider for reported increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30 mg, #60, 1 tab by mouth every 6-8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Per the CA MTUS, APAP/Codeine is Acetaminophen (Tylenol) with Codeine also known as Tylenol #3. Codeine is an analgesic, opioid. Codeine is not recommended as a first line therapy for osteoarthritis. It is recommended on a trial basis for short term use after there has been evidence of failure of first line non-pharmacologic and medication options (such as acetaminophen or non-steroidal anti-inflammatory drugs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for the use of first line medications. Codeine should be used with caution in those patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the records do not indicate his current pain level; his least reported pain over the period since his last assessment, his average pain, his intensity of pain after taking Tylenol #3, how long it takes for pain relief with Tylenol #3, and any known side effects with the use of Tylenol #3. The records indicated the injured worker to have gone 2 years without treatment. The records do not indicate a trial and/or failure of first line non-pharmacologic and medication options. Therefore, the request for APAP/Codeine 300/30 mg, #60, 1 tab by mouth every 6-8 hours as needed is not medically necessary.