

Case Number:	CM15-0127613		
Date Assigned:	07/14/2015	Date of Injury:	10/05/2012
Decision Date:	09/03/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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: Anesthesiology

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 64 year old female, who sustained an industrial injury on 10/05/2012. She felt a pop in her right knee followed by excruciating right knee pain. She had a medical history of multiple strokes, diabetes, hypertension and coronary artery stent placement. She had several knee surgeries on the right knee. Pharmacological treatments have included oral and topical NSAIDS (non-steroidal anti-inflammatory drugs) and narcotic analgesics. On 03/26/2015, the injured worker reported that Relafen was not taking away her pain and she was becoming more sedentary. A prescription for Codeine Sulfate 30 mg 1 every 12 hours # 60 was provided. According to a progress report dated 05/28/2015, the injured worker presented with chronic right knee pain. She had difficulty standing and walking with severe pain. Pain was made worse with squatting and bending and made better with non-weight bearing and Codeine. Current medications included Codeine 30 mg 1 tablet every 12 hours and aspirin. Diagnoses included long-term use meds not elsewhere classified and pain in joint lower leg. According to the provider, surgery consultation had been authorized. Codeine helped alleviate pain. There were no reported side effects. She had improvement with her function, activities of daily living and quality of life. There had been no aberrant drug behavior and her urine screens in the past had been consistent. Acupuncture was offered, but the injured worker declined. She was not at maximum medical improvement and was pending orthopedic surgery consultation. Follow up was scheduled for 4 weeks. Currently under review is the request for Codeine Sulfate 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine Sulfate 30mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee and leg and pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. According to the CA MTUS, on-going 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts and quantified improvement in pain. There was lack of documentation of specific improvement in function in regards to work status and activities of daily living with use of Codeine. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.