MAXIMUS Federal Services

Case Number:	CM15-0027616		
Date Assigned:	02/20/2015	Date of Injury:	05/10/2009
Decision Date:	07/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 5/10/2009. Diagnoses include right cervical radiculopathy, right lumbar radiculopathy, lumbar disc herniations with moderate to severe neural foraminal narrowing, bilateral L5 spondylosis, and cervical disc herniations with moderate to severe stenosis. Treatment to date has included lumbar and cervical epidural steroid injections, medications including Gabapentin, Omeprazole, Ranitidine, Terocin and APAP with codeine, and modified work. EMG (electromyography) dated 10/21/2013 of the bilateral upper extremities showed median neuropathy. Cervical magnetic resonance imaging (MRI) dated 12/27/2013 showed mild to moderate canal stenosis. MRI of the lumbar spine dated 12/27/2013 revealed degenerative disc disease and facet arthropathy spondylosis. Per the Primary Treating Physician's Progress Report dated 12/30/2014, the injured worker reported persistent neck and low back pain rated as 6/10 on a subjective numerical pain scale. She reported weakness as well as radiation of pain down her left lower extremity to her foot. Physical examination revealed tenderness to palpation in the cervical and lumbar paraspinal musculature with decreased ranges of motion. The plan of care included medications and Authorization was requested for APAP with codeine 300/30mg.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, APAP with Codeine as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute pot operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no documentation of reduction of pain and functional improvement with previous use of the medication. There is no clear documentation of the efficacy/safety of previous use of APAP with codeine. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of APAP w/ codeine 300/30mg #60 is not medically necessary.