

Case Number:	CM15-0066233		
Date Assigned:	04/14/2015	Date of Injury:	02/25/2011
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained a work related injury February 25, 2011. Past history included MLD (microlumbar discectomy) L3-4, L4-5, L5-S1 April 2011, and knee surgery. According to a primary treating physician's progress report follow-up, dated February 24, 2015, the injured worker presented with complaints of low back pain, rated 5/10 with spasms. The pain is rated 6-7/10 without medication and 4/10 with medication. There is radiation, numbness, tingling, and weakness down the left leg to the foot. He wears an AFO brace on his left lower extremity and if not, uses a cane. He started taking Tylenol #3 (11/3/2014) and tolerating the transition from Norco well. Current medications included Tylenol #3, Flexeril, Naproxen, and Omeprazole. The gait is severely antalgic and slow. Medication safety program dated November, 2014, consistent. Diagnosis is documented as lumbar facet arthropathy/spondylosis without myelopathy. Treatment plan included request for authorization of APAP with Codeine 300/30mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/30mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, When to Discontinue Opioids, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic radiating back pain. He had been transitioned from Norco to Tylenol #3. Pain is reported as decreasing from 6-7/10 down to 4/10 with medications. Tylenol #3 is being prescribed at a total MED (morphine equivalent dose) of 18 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 (acetaminophen/codeine 300/30mg) is a short acting combination weak opioid often used for intermittent or breakthrough pain. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Tylenol #3 was medically necessary.