

Case Number:	CM15-0068263		
Date Assigned:	04/15/2015	Date of Injury:	12/04/2003
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on December 4, 2003. She reported neck pain, left arm pain and headaches. The injured worker was diagnosed as having cervical facet arthropathy, status post cervical fusion and chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, bilateral upper extremity pain and burning and headaches. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 19, 2014, revealed continued pain. Medications were requested.

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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months with topical analgesics and having 7/10 pain. The addition of Codeine with Tylenol does not offer a class change benefit. In addition, there is no indication of Tylenol or Tricyclic benefit. No one opioid is superior to another. The addition of Tylenol with Codeine is not medically necessary.