

Case Number:	CM15-0070197		
Date Assigned:	04/20/2015	Date of Injury:	12/03/2007
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 59-year-old male, who sustained an industrial injury on December 3, 2007. The injured worker was diagnosed as having cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, medication related dyspepsia, chronic pain syndrome, left C8-T1 radiculopathy per October 26, 2009 electromyography (EMG)/nerve conduction velocity (NCV), and left L5 versus S1 radiculopathy per October 26, 2009 electromyography (EMG)/nerve conduction velocity (NCV). Treatment to date has included acupuncture, x-ray, MRIs, MR Arthrogram, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities, left greater than right, muscle spasms in the neck area, low back pain that radiates down the bilateral lower extremities, left greater than right, with radiation to the bilateral feet, and frequent medication associated gastrointestinal (GI) upset. The Treating Physician's report dated February 23, 2015, noted the injured worker reported his pain worsened since the previous visit, rated a 9/10 in intensity on average without medications and an 8/10 in intensity with medications since the previous visit. The injured worker was noted to have an antalgic gait, observed to be in moderate to severe distress. The cervical spine examination was noted to show spasms bilaterally in the paraspinal muscles with spinal vertebral tenderness noted in the cervical spine C3-T2. Tenderness to palpation was noted at the left trapezius muscle and occipital on the left side, with range of motion (ROM) moderately limited due to pain. The lumbar spine examination was noted to show spasms in the paraspinal musculature with tenderness to palpation in the spinal vertebral area L4-S1 levels.

Myofascial trigger points with twitch response were noted in the left paraspinous muscle with range of motion (ROM) severely limited due to pain. Decreased sensitivity to touch was noted along the L4-S1 dermatome in the left lower extremity, with a positive straight leg raise with radicular pain on the left with the injured worker seated. A Toradol injection with B12 was administered for the injured worker's acute increase in pain. The treatment plan was noted to include continued on-going home exercise program (HEP), a MRI of the cervical spine request, and authorization appeals for cervical spine consultation and medications including Lidoderm patch, Naproxen, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP (acetaminophen)/ Codeine Phosphate 300/30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP); NSAIDs (non-steroidal anti-inflammatory drugs); Opioids Page(s): 11-12, 67-73, 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: APAP (acetaminophen)/ Codeine Phosphate 300/30 mg Qty 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Although, the claimant's medical records noted that independence and function was achieved with medications. There was no documentation of an opioid risk score or random urine drug screen to show that the claimant was adhering to the medical plan; therefore, the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.