MAXIMUS Federal Services

Case Number:	CM15-0074010		
Date Assigned:	04/24/2015	Date of Injury:	02/24/2012
Decision Date:	05/21/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/17/2015

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
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 43 year old male who sustained a work related injury February 24, 2012. While driving, he was involved in a head on collision when another truck veered into his lane. He was treated for multiple orthopedic injuries and also had two hernia operations. A psychiatric evaluation performed September 29, 2014, revealed diagnoses of post-traumatic stress disorder (PTSD), chronic; major depression single episode, moderate, and dementia due to head trauma, without behavioral disturbances. According to a physician's follow-up visit, dated March 4, 2015, the injured worker presented with complaints of achy neck pain with radiation to the upper mid back and left shoulder, rated 8-9/10. The shoulder pain is burning with a popping sensation to the left elbow and numbness to the fingertips of both hands. He has associated headaches over the parietal and occipital regions. He continues to report low back pain 7/10 with radiation to the anterior and posterior aspect of the left lower extremity, with weakness and numbness to the bilateral heel. There is intermittent numbness of the toes of both feet. Treatment to date has included 16 session of chiropractic care, 18 sessions of acupuncture in 2012, and 14 session of physical therapy. Assessment included cervical facet arthropathy; lumbar radiculopathy; lumbar facet arthropathy; lumbar and cervical stenosis; left rotator cuff tear. Treatment plan included request for medication including APAP/Codeine, epidural steroid injections, continue with physical therapy, right shoulder steroid injection and prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a history of chronic use of Norco among other medications to help treat the worker's chronic pain related to his injury. The recent request for APAP/Codeine appeared to be at the same time as not refilling Norco, suggesting this new request would replace the Norco use. However, after reviewing previous notes while Norco was being used, there was insufficient reporting to show clear functional gains and measurable pain level reduction directly related to its use to warrant Norco or any other similar medication such as codeine. Therefore, without clear evidence of benefit from Norco or codeine or any other opioid medication, this request will be considered not medically necessary until this is provided for review.