MAXIMUS Federal Services

Case Number:	CM15-0076681		
Date Assigned:	04/28/2015	Date of Injury:	06/12/1995
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female, who sustained an industrial injury on 6/12/1995. The mechanism of injury is unknown. The injured worker was diagnosed as having degenerative lumbar spondylosis, severe scoliosis, psychogenic pain, myalgia/myositis and insomnia. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/27/2015, the injured worker complains of low back pain with partial relief from medications. The treating physician is requesting Acetaminophen/Codeine 300/60 mg with 3 refills. Per documentation the patient alternates Tylenol #4 and Percocet 10/325mg in order not to build tolerance. The patient takes Fentanyl Patch 50mg; Fentanyl Patch 25mg; Tramadol 50mg; Ibuprofen 800mg; Percocet 10/325mg and Tylenol #4. The documentation indicates that the current analgesics help maximize the level of physical function and quality of life for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen (APAP) Codeine 300, 60mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - Therapeutic Trial of Opioids; Opioids for chronic pain - Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and Ongoing management Page(s): 86 and 78-80.

Decision rationale: Acetaminophen (APAP) Codeine 300, 60mg, #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mgoral morphine equivalents daily. The documentation indicates that the patient has been on long term opioids for chronic low back pain which is not supported by the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The documentation does not include a pain assessment as recommended by the MTUS. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Acetaminophen (APAP) Codeine 300, 60mg, #60 with 3 refills is not medically necessary.