

Case Number:	CM15-0079197		
Date Assigned:	04/30/2015	Date of Injury:	10/02/2013
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, who sustained an industrial injury on 10/02/2013. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar pain and lumbar radiculopathy. Treatment to date has included oral pain medication, physical therapy and epidural steroid injections. In a progress note dated 03/02/2015, the injured worker complained of persistent low back pain. Objective findings were notable for limited flexion of the lumbar spine to 20-30 degrees and difficulty getting in and out of a chair without assistance. A request for authorization of Tylenol with codeine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/with Codeine #4 Med 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids Page(s): 35; 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/02/2013. The medical records provided indicate the diagnosis of lumbar pain and lumbar radiculopathy. Treatment to date has included oral pain medication, physical therapy and epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Tylenol/with Codeine #4 Med 180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Tylenol with Codeine is a combination of acetaminophen (Tylenol) and Codeine. Codeine is an opioid, similar to morphine used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. The adverse include depression of the central nervous system, and hypotension, drowsiness and constipation; but sometimes tolerance, psychological and physical dependence. The medical records indicate the injured worker has been using this medication since 01/2015 without overall improvement. The injured worker is not being monitored for pain relief, adverse effects, and aberrant behavior. Therefore, the request is not medically necessary.