

Case Number:	CM15-0092789		
Date Assigned:	05/19/2015	Date of Injury:	08/19/2009
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 66-year-old female, who sustained an industrial injury on 08/19/2009. She reported sustaining an injury secondary to a work related motor vehicle accident. The injured worker was diagnosed as having thoracic pain with possible thoracic disc disease, movement disorder of uncertain etiology, and mood disorder. Treatment and diagnostic studies to date has included magnetic resonance imaging of the thoracic spine, trigger point injections, biobehavioral, thoracic medial branch blocks, radiofrequency ablation, medication regimen, botulinum injections, physical therapy, laboratory studies electromyogram with nerve conduction velocity, and chiropractic therapy. In a progress note dated 01/12/2015 the treating physician reports ongoing complaints of spasms and loss of balance. Examination is revealing for moderate to severe diffuse pain to the suboccipital region down to the paravertebral, trapezius, and scapular rhomboid muscles bilaterally along with a decreased range of motion to the cervical spine. The treating physician notes pain to the upper extremities bilaterally with crepitus with range of motion, pain with manipulation of the elbow with the right greater than the left, and a diffuse loss of sensation in the upper extremity with the right greater than the left. The injured worker also has tenderness to the thoracic four through seven region, decreased range of motion, and muscle spasms at around thoracic five through seven. The treating physician also notes decreased range of motion to the lumbar spine, positive straight leg raise bilaterally, and an antalgic gait. The injured worker rates the pain a 9 to 10 without her medication regimen and a 3 to 4 with her medication regimen. The treating physician listed Codeine Sulfate as part of the injured worker's medication regimen, but did not include any other medications. The physician

also notes that the injured worker is able to perform activities of daily living and without the medication regimen; she is unable to sit or walk for extended periods of time. The injured worker has no complaints of side effect, is compliant with her medication regimen, has signed an opioid contract, and urine drug screens are performed regularly. The treating physician requested the medications of Codeine Sulfate 30mg with a quantity of 300 for thirty days noting this medication to be a part of her current medication regimen and Oxycontin 10mg twice a day with a quantity of 60 for 30 days but the documentation did not indicate the reason for the request of Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine Sulfate 30mg #300 for 30 days: 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): 82-92.

Decision rationale: Codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first 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 codeine for several months. Although there was good pain relief with the use of Codeine, there was no mention of Tylenol or NSAID failure. Continued and chronic use of Codeine is not medically necessary.

Oxycontin 10mg BID #60 for 30 days: Upheld

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

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

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. The claimant was getting adequate pain relief with Codeine and there was no mention of Tylenol or NSAID failure. The use of Oxycontin is not justified. There was no significant improvement noted over time in claimant's function and the claimant still required invasive procedures. The continued use of Codeine is not medically necessary.