

<b>Case Number:</b>	CM15-0099934		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	12/04/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, North Carolina  
 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 60 year old female, who sustained an industrial injury on 12/04/03. The injured worker was diagnosed as having cervical facet arthropathy, status post fusion C5-C7 and chronic pain. Treatment to date has included cervical spine fusion, 4 physical therapy sessions, median branch blocks, ACDF, oral medications including opioids and topical Ketoprofen cream. Currently, the injured worker complains of worsening neck pain rated 6-7/10 described as constant aching and burning with radiation to bilateral shoulders and mid and low back pain right side greater than left side with occasional pins and needles pains down right lower extremity. She notes her sleep is disturbed due to pain. Her work status is considered permanent and stationary. Physical exam noted diffuse tenderness to palpation of the cervical spine with spasms and well healed surgical incision of cervical spine with decreased range of motion. The treatment plan included a prescription for TENS unit and continuation of Tylenol #3, Prilosec, Senna and Ketoprofen cream. A request for authorization was submitted for TENS unit trial and Tylenol with Codeine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that opioids have been suggested for neuropathic pain when first-line agents are not effective. Tylenol with codeine is an option for mild to moderate pain. Continuing pain assessment and functional status should be documented in patients on chronic opioids. Discontinuation is recommended if there is an overall lack of improvement in pain relief or function. In this case, the patient's most recent evaluation on 4/15/2015 noted increased pain and decreased functional activity. This demonstrates a lack of efficacy of the Tylenol with codeine and thus the request is not medically necessary or appropriate.

**APAP/Codeine 300/30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that opioids are an option when first-line agents for neuropathic pain are not effective. Tylenol with codeine is an option for mild to moderate pain. Pain assessment and functional status should be monitored on a continuing basis for patients on chronic opioids. Discontinuance of opioids is recommended for an overall lack of improvement in pain relief or function. In this case, the patient's most recent evaluation of 4/15/2015 the patient was noted to have increased pain and a decreased level of functioning, demonstrating the lack of efficacy of the Tylenol with codeine. Therefore, this request for continuing Tylenol with codeine is not medically necessary.

**TENS Unit Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114.

**Decision rationale:** CA MTUS states that TENS is not recommended as a primary treatment modality, but may be considered as a one-month noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient has no failed other conservative treatment measures. The patient has only had 4 PT sessions along with oral medications. In addition, there is no short-term and long-term treatment goals documented. Thus, this request is deemed not medically necessary or appropriate.