

Case Number:	CM13-0016939		
Date Assigned:	10/11/2013	Date of Injury:	03/02/2009
Decision Date:	01/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine; Cardiology, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old male who reported an injury on 03/02/2009. He is reported to have suffered a fracture of his left hip and to have undergone an open reduction and internal fixation. He is noted to continue to complain of exacerbations of his left hip pain. He is noted to continue to work and to be utilizing Ultracet tablets after work for pain and Mobic daily for inflammation. The patient is noted on 07/18/2013 to have had a flare-up of his left hip pain, reporting a cramping sensation just above the left hip and buttock area and difficulty with pivoting maneuvers, kneeling, and squatting. He is noted to continue to work as a welder and reported that he was required to get down and kneel in sustained positions and pivot quite a bit at work. The patient is reported to have been using over the counter Tylenol for pain and Mobic for inflammation. He is noted to have been given Ultracet for more severe pain, which he felt, was helpful, and he was asking for a refill of the medication. He reported his pain was 8/10. Examination of his left hip noted tenderness over the greater trochanter, passive range of motion was painful in flexion and external rotation, and the patient had a positive Faber's maneuver. The patient is reported to have been diagnosed with possible underlying traumatic arthritis and tendinopathy of the hip joint. The patient is noted to have been prescribed, on that date, Ultracet 1 to 2 every 6 hours as needed for pain #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet, #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): 75, 78.

Decision rationale: The patient is a 36-year-old male who reported an injury to his left hip in 2009. He is noted to have fractured his left hip and to have undergone an open reduction and internal fixation. He is reported to have returned to work and to be utilizing over the counter acetaminophen and Mobic for treatment of his pain. He reported on 07/18/2013 to have had an exacerbation of his hip pain. He is reported to have difficulty with pivoting maneuvers, kneeling, and squatting, but he continued to work. He is noted to have been diagnosed with a possible underlying traumatic arthritis and tendinopathy of the hip joint. He is reported to have used Ultracet for more severe pain and he was requesting a refill of the medication. On that date, the patient is reported to only use the Ultracet in the evening after work. The California MTUS Guidelines recommend short acting opioid narcotics such as Ultracet for intermittent or breakthrough pain. However, as the patient is reported to only take the Ultracet after work, the need for #120 tablets is not established. In addition, there is no documentation of the patient's response to the Ultracet, how long it takes for pain relief, and how long the patient's pain relief lasts. As such, the requested Ultracet does not meet guideline recommendations. Based on the above, the request for Ultracet, #120 is non-certified.