

Case Number:	CM13-0053317		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2003
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This patient is a 48 YO male with date of injury 07/01/03. The listed diagnoses per [REDACTED] dated 11/04/13 are: 1. Cervical Degenerative Disc Disease and Degenerative Joint Disease 2. Right shoulder Degenerative Joint Disease 3. Right lateral epicondylitis According to progress report dated 11/04/13 by [REDACTED], the patient complains of elbow pain, right shoulder pain and neck pain. The pain in his neck is continuous, mild to moderate level, aggravated by turning left and right and looking up and down. Physical examination shows no swelling on the right elbow. Olecranon bursa is normal. There is tenderness on the lateral epicondyle. Elbow flexion is normal. Cervical spine shows tenderness on C5, C6 and C7. Sensory and motor exams are normal. The treater is requesting a refill for Ultracet 37.5/325mg #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: This patient presents with chronic neck, right shoulder and right elbow pain. The treater is requesting a refill for Ultracet 37.5/325mg. For chronic opiate use, MTUS guidelines p 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Progress report dated 01/04/13 by [REDACTED], shows that the patient has been prescribed Ultracet since this report. Review of reports from 01/04/13 to 11/04/13 contains no documentation of pain and functional assessment as related to medication use. Therefore, recommendation is for denial.