

<b>Case Number:</b>	CM13-0054596		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic leg pain reportedly associated with an industrial injury of January 28, 2009. An earlier medical note of May 15, 2013 is also noted for the comments that the applicant is off work, on total temporary disability, as of that point in time. Thus far, the applicant has been treated with the following: Analgesic medication; open reduction internal fixation of left rib fracture in 2009; open reduction internal fixation of right ankle fracture in 2009; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 4, 2013, the claims administrator denied request for Naprosyn and Ultracet. The applicant's attorney subsequently appealed, on November 19, 2013. A January 28, 2013 mental health note is notable for comments that the applicant is off work, on total temporary disability. On October 2, 2013, the attending provider furnished the applicant with a renewal of Naprosyn and Ultracet. The applicant was described as contemplating further ankle and leg surgery. The applicant was asked to follow up on as needed basis every 6 to 12 months. It is noted that Naprosyn and Ultracet were also renewed on an earlier note of July 10, 2013. The applicant's response to the medications in question was not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and Opioids for neu.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

**Decision rationale:** As noted on Page 80 of MTUS Chronic pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. Ultracet is an opioid. In this case, however, the applicant has failed to meet these criteria. The applicant remains off work, on total temporary disability. The attending provider has not detailed or discussed the applicant's response to Percocet. It is not clearly stated or suggested that the applicant is in fact deriving appropriate analgesia and improved performance of non-work activities of daily living as a result of ongoing Ultracet usage. Therefore, the request is not certified.