

Case Number:	CM13-0061067		
Date Assigned:	12/30/2013	Date of Injury:	10/26/2011
Decision Date:	04/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/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 59-year-old male who reported an injury on 10/26/2010, cumulative trauma through 10/26/2011. The mechanism of injury was not submitted. The patient was diagnosed with a shoulder strain and left wrist strain. The patient complained of pain to the left shoulder and the left wrist. The patient also reported pain to the left hand. The patient is status post an unknown surgery. The patient was recommended Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRACET 37.5 MG QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78.

Decision rationale: CA MTUS states four domains have been proposed as relevant for ongoing monitoring for chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (non-adherent) drug-related behaviors. The patient complained of left shoulder and left wrist pain, however the clinical documentation submitted for review does not show a decrease in the patient's pain or an

increase in the patient's function level. Given the lack of documentation to support guideline criteria, the request is non-certified.