

Case Number:	CM13-0062745		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2002
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice, 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 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 68-year-old female who reported an injury on 12/2/02 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her low back with pain that radiated into her bilateral lower extremities and neck pain radiating into her bilateral upper extremities. The patient's chronic pain was managed with epidural steroid injections and medications. The patient's medication schedule included Tizanidine, Omeprazole, Celebrex, Voltaren, and Ultracet. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had chronic neck and low back pain and that medications did provide pain relief. Physical findings included normal range of motion of the cervical and lumbar spine with mild tenderness to palpation along the cervical spine and lumbar spine. The patient had normal motor strength in the bilateral lower extremities and bilateral upper extremities with a normal neurological evaluation in the upper and lower extremities. The patient's diagnoses included degenerative disc disease, cervical and degenerative disc disease of the lumbar spine. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 ULTRACET 37.5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS recommends that continued use of opioids be based on documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does support that the patient has been on this medication since at least January 2013. The clinical documentation also supports that the patient is monitored for aberrant behavior with urine drug screens and does not have any significant side effects related to medication usage. However, the clinical documentation does not provide an adequate assessment of pain relief or specify any functional improvement related to medication usage. Therefore, continued use would not be supported. As such, the requested Ultracet is not medically necessary or appropriate.