

Case Number:	CM14-0004254		
Date Assigned:	02/05/2014	Date of Injury:	12/03/2002
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, 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 is a 60-year old female patient with a 12/3/2002 date of injury. The patient presented on a 12/19/2012 visit with complaints of pain, that is 8/10 and worse with activity. She also complains of numbness and tingling, as well as weakness throughout her arms. For treatment she uses Cyclobenzaprine, Dendracin lotion, Synoacin, and Omeprazole. She has depression and takes Effexor 75mg, and Trazodone 50mg. A 10/9/13 progress report indicates persistent pain complaints and increased pain with cold weather. The patient reports 6-8/10 pain without medication, and 4-5/10 pain with medication. Objective findings include cervical palpable tenderness with muscle spasm graded 3-4/5 with arm guarding. ROM is decreased by 25% with pain. Treatment to date has included medication and chiropractic care. There is documentation of a previous adverse determination on 01/02/2014 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The employee presents with constant pain that is 8/10. The employee also complains of depression. Objective findings demonstrate cervical palpable tenderness with muscle spasm graded 3-4/5 with arm guarding. ROM is decreased by 25% with pain. However, an opioid utilization timeline was not established. The employee is noted to have a 2002 date of injury and may have utilized narcotics for a long timeframe. There is no information in the most recent medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects, or tolerance development; dosage adjustments, attempts to wean and taper, endpoints of treatment; and continued compliance. Lastly, the request was non-specific as to pill count to be dispensed and frequency. Therefore, the request for Ultracet 37.5/325MG is not medically necessary.