

Case Number:	CM14-0005418		
Date Assigned:	01/24/2014	Date of Injury:	07/14/2008
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 07/14/2008. The current diagnoses include lumbar spine herniated nucleus pulposus, bilateral lower extremities radiculopathy, right hip musculoligamentous sprain, right knee medial meniscus tear with chondromalacia patella, left knee internal derangement, bilateral wrist musculoligamentous sprain, status post bilateral carpal tunnel release, anxiety, depression, sleep disorder, status post left elbow fracture, and lumbar spine myofascial pain syndrome. The injured worker was evaluated on 01/14/2014. The injured worker reported constant headaches with 8/10 neck pain, radiation into bilateral upper extremities, 8/10 low back pain and radiation into bilateral lower extremities. The current medications include Ultracet, Anaprox, Omeprazole, and compounded creams. The injured worker was actively participating in a home exercise program. Physical examination revealed restricted lumbar range of motion, positive straight leg raise, positive Braggard's and Kemp's testing bilaterally, lower extremity motor weakness, diminished sensation in the L5 and S1 dermatomes, and a slow and guarded gait. The treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325 #60 FOR NEXT APPT 11/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultracet 37.5/325 mg since 03/2013. There is no evidence of objective functional improvement. The injured worker continues to report 8/10 pain over multiple areas of the body. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate.