

Case Number:	CM14-0108038		
Date Assigned:	08/01/2014	Date of Injury:	01/27/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 49-year-old male who reported injury on 01/27/2013. The mechanism of injury was the injured worker was utilizing a wrench to crank on a steam pipe line. The injured worker had an MRI of the thoracic spine and had a lumbar fusion at L5-S1 in 2011. The documentation of 04/29/2014 revealed the injured worker was utilizing Tramadol 37.5/325 mg 3 to 4 a day. The documentation indicated the pain level came down from a 7/10 to 8/10 to a 4/10 to 5/10 with medications. The injured worker was able to attend the gym every day and walk for 30 minutes in the water. There were no side effects and no aberrant drug behavior. The diagnoses include chronic thoracic spine pain and a history of lumbar fusion at L5-S1 in 2011. The treatment plan included a continuation of Ultracet 37.5/325 #120. The documentation indicated the injured worker had utilized the medication since at least 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): page 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 1 month. There was documentation of the above criteria upon review, however, failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet 37.5/325mg, qty 120 is not medically necessary.