

<b>Case Number:</b>	CM14-0014078		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 43-year-old female with an injury date of 08/13/2003. Based on the 12/05/2013 progress report, the patient complains of left shoulder pain and left arm pain. She describes the pain as being dull and aching, rating the pain as a 2/10. The patient is tender over the posterior aspect of the left shoulder. The 09/05/2013 report indicates that patient has a full left shoulder range of motion but is accompanied with pain with abduction. The patient's diagnoses include the following: 1. Shoulder pain. 2. Pain in limb. The utilization review determination being challenged is dated 01/20/2014. Treatment reports were provided from 03/12/2013, 06/07/2013, 09/05/2013, and 12/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRACET:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** Based on the 12/05/2013 progress report, the patient complains of having left shoulder pain and left arm pain. The request is for Ultracet. The patient has been taking Ultracet as early as 03/12/2013. The 03/12/2013 report states, "Ultracet helps. She denies any adverse effects." The 09/05/2013 report states, "The Ultracet helps her with her home activities. She is currently at home and not looking for work, but plans to do so in the future. She estimates that her household activities, chores, cooking, etc. would be decreased about 50% if she did not have the Ultracet to help with left shoulder." The 12/05/2013 progress report repeats the following, "She estimates that her household activities, chores, cooking, etc. will be decreased about 50% if she did not have the Ultracet to help with left shoulder pain." Her pain decreased from a 3/10 on 09/05/2013 to a 2/10 on 12/05/2013 with medication. MTUS Guidelines page 88 and 89 states, "pain should be assessed by each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the provider has provided a pain scale which shows that Ultracet benefits the patient. The patient also describes how Ultracet has helped her with her activities of daily living and has no adverse side effects/behavior. Therefore, this request is medically necessary.