

Case Number:	CM14-0019505		
Date Assigned:	04/23/2014	Date of Injury:	12/08/2012
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Nevada and 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 40-year-old female injured on 12/08/12 when she was struck by a falling rack. The current diagnoses included cervical spine, thoracic spine, and lumbar spine sprain/strain with ongoing myofascial pain and cervical spine sprain/strain with underlying spondylosis. MRI (magnetic resonance imaging) of the right shoulder revealed tendinopathy in the supraspinatus tendon with undersurface tear and type 2 acromion with impingement syndrome. The clinical note dated 03/20/14 indicated the patient presented reporting flare up of neck pain and shoulder pain described as severe cramping in the right shoulder blade rated at 8/10. The injured also reported low back pain rated at 8/10 and neck pain at 7/10. The injured reported an inability to work due to constant pain and fatigue. The patient indicated current use of Transcutaneous Electrical Nerve Stimulation (TENS) unit on a daily basis and ThermaCare heat patches increased functional improvement by approximately 50%. Physical examination revealed mildly limited range of motion in all planes of both the neck and low back, exquisite trigger point's tenderness with positive jump sign throughout the cervical, thoracic, and lumbar paraspinal musculature and shoulder girdle muscles, muscle strength, sensation, and deep tendon reflexes grossly intact in bilateral upper extremities and lower extremities. Physical examination of the right shoulder revealed limited range of motion, crepitus with circumduction and pain. The injured worker was currently not working; however, was looking for employment. Medications included Voltaren Gel 1% four times daily, ThermaCare heat patches, Ultracet one to two tabs every 6 hours as needed. The injured worker previously utilized medication management, chiropractic care, and physical therapy with minimal improvement. The previous request for Ultracet #60 was non-certified on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET #60 FOR WEANING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of Medications Page(s): 76, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. Additionally, there is no indication that the injured worker has made advancement to return to work following her release to return to work on 06/14/13. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet #60 for weaning cannot be established at this time.