

Case Number:	CM14-0161781		
Date Assigned:	10/07/2014	Date of Injury:	11/30/2013
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 30, 2013. In a Utilization Review Report dated September 15, 2014, the claims administrator failed to approve request for Ultracet. The applicant's attorney subsequently appealed. In a February 12, 2014 medical-legal evaluation, the applicant reported persistent complaints of low back and knee pain. Worker restrictions were imposed by the medical-legal evaluator, which the medical-legal evaluator suggested that the applicant's employer could not accommodate. In a July 2, 2014 progress note, the applicant reported persistent complaints of shoulder pain and associated stiffness. It was stated that the applicant would remain totally temporarily disabled as work restrictions were unavailable. There was no further discussion of medication selection or medication efficacy. On August 13, 2014, it was again stated that the applicant would remain totally temporarily disabled in the absence of modified duties. Persistent complaints of shoulder pain with associated limited range of motion were noted. On September 3, 2014, the applicant received a shoulder corticosteroid injection. There was no mention of medication selection or medication efficacy on any of the aforementioned progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol (Ultracet) 150mg, QTY: 60, for the service date of 09/03/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy included evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultracet usage, it was further noted. The progress notes referenced above were continuously absent in the discussion of medication selection or medication efficacy. Therefore, the request was not medically necessary.