

Case Number:	CM14-0023447		
Date Assigned:	05/12/2014	Date of Injury:	08/16/2002
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 71-year-old male with date of injury of 08/16/2002. Per treating physician's report, 02/04/2014, the patient presents with bilateral shoulder pain ranging from 5/10 to 7/10 with Ultracet decreasing his pain to 2/10 allowing him to stay more functional. The patient is not working but able to manage doing laundry and light cooking for himself. Listed diagnoses are impingement syndrome on bilateral shoulders, worse on the left compared to right, status post arthroscopy and decompression of both sides. The treating physician indicates that the Ultracet is taken 2 at a time and #180 is for a 1-month supply. The 11/04/2013 report is also reviewed. The patient has persistent shoulder pain, pain worse with cold weather in the morning, stopped taking anti-inflammatories due to stomach trouble; however, Ultracet helps with pain. He is also using TENS unit and needs refills. The patient received medication including #180 of the Ultracet for 3 months' supply to be taken 2 daily. This request was denied by utilization review letter dated 02/18/2014 due to lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, and Opioids Page(s): 60-61, 88-89.

Decision rationale: This patient presents with chronic shoulder pain with history of shoulder arthroscopic surgery. The request is for Ultracet #180. This was denied by utilization reviewers with the contention that functional improvements have not been provided. A review of the reports show that the patient does report functional improvement with independent activities of daily living, some cooking and home activities. Pain level is reduced from 5/10 to 7/10 to 2/10 per 02/04/2014 report. The treating physician repeatedly documents that the medications are helpful. California MTUS Guidelines allow use of opiates for chronic moderately severe musculoskeletal pain. For chronic opiate use, certain documentations are required including pain assessment and functional improvement. Page 60 of the California MTUS, for instance, require documentation of pain and function with use of medications for chronic pain. In this case, the patient has diagnosis of chronic shoulder pain with history of shoulder surgery, and the treating physician adequately documents pain reduction using pain scale and also lists specific activities of daily living, examples to show that the medications have been helpful. The patient is also taking a very minimal amount of this synthetic opiate. The provider has been prescribing #180 but explains that this is for 3 months' supply. This request is medically necessary.

ULTRACET 37.5/325MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, and Opioids Page(s): 60-61, 88-89.

Decision rationale: This patient presents with chronic shoulder pain with history of shoulder arthroscopic surgery. The request is for Ultracet #60. This was denied by utilization reviewers with the contention that functional improvements have not been provided. A review of the reports show that the patient does report functional improvement with independent activities of daily living, some cooking and home activities. Pain level is reduced from 5/10 to 7/10 to 2/10 per 02/04/2014 report. The treating physician repeatedly documents that the medications are helpful. MTUS Guidelines allow use of opiates for chronic moderately severe musculoskeletal pain. For chronic opiate use, certain documentations are required including pain assessment and functional improvement. Page 60 MTUS, for instance, require documentation of pain and function with use of medications for chronic pain. In this case, the patient has diagnosis of chronic shoulder pain with history of shoulder surgery, and the treating physician adequately documents pain reduction using pain scale and also lists specific activities of daily living, examples to show that the medications have been helpful. The patient is also taking a very minimal amount of this synthetic opiate. The provider has been prescribing #180 but explains that this is for 3 months' supply. This request is medically necessary.