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| <b>Case Number:</b>   | CM14-0040505 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 05/20/2011 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on May 20, 2011. The mechanism of injury is keeping another person from falling. The most recent progress note, dated May 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated range of motion of the right knee from 0 to 125 no swelling or a fusion of the right knee was noted. There was tenderness at the medial joint line and there was a positive McMurray's test. A right knee arthroscopy was recommended. Diagnostic imaging studies reported a trace effusion and chondral changes of the patellofemoral compartment and the medial femoral condyle. Previous treatment includes home exercise. A request was made for Ultracet and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Ultracet is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. Therefore, the request for Ultracet #120 is not medically necessary.