

Case Number:	CM14-0048165		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	08/26/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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:

This is a 27-year old female with a 6/15/13 date of injury, when she was involved in a motor vehicle accident. The patient was seen on 3/19/14 with complaints of neck, left wrist and right shoulder pain. The pain was 10/10 with medications and 10/10 without medications. The patient underwent epidural cervical spine injection on 3/10/14 that did not provide any pain relief. Exam findings revealed restricted range of motion and cervical tenderness in the cervical spine, diffuse tenderness in the left wrist and positive Tinel's sign bilaterally. On 6/24/14 the patient was seen with complaints of severe neck pain that is unresponsive to treatment as well as pain right upper extremity pain. There is numbness and tingling in the right arm and numbness in both hands. Generalized motor weakness was noted. The progress note stated that the patient tried multiple narcotic medications with no improvement therefore she stopped taking them as she has a child to take care of. The diagnosis is cervical radiculopathy, low back pain, right shoulder pain, left wrist pain and chronic pain syndrome. Treatment to date: cervical epidural steroid injections and An adverse determination was received on 4/3/14 for Ultracet 37.5/325 mg, quantity 90, and was denied due to lack of documentation indicating that the patient has tried other non-opioid analgesics and has only tried Ibuprofen and Baclofen since June 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg quantity 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 6/24/14 indicated that the patient had tried opioid medications in the past and did not benefit from them. However, there is lack of documentation indicating how the medication worked, no functional gains or side effects. In addition, the patient did not want to continue with narcotic medication treatment. It is not clear why the request for Ultracet was made. Therefore, the request for Ultracet 37.5/325mg, quantity 90 is not medically necessary and appropriate.