

Case Number:	CM14-0067108		
Date Assigned:	06/23/2014	Date of Injury:	02/23/2006
Decision Date:	09/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 and psychological stress reportedly associated with an industrial injury of October 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; transfer of care to and from various providers in various specialties; 12% whole person impairment through a medical-legal evaluation; and the apparent imposition of the permanent work restrictions through an agreed medical evaluation. In a utilization review report dated March 10, 2014, the claims administrator approved a request for Colace, approved a request for Lyrica, and approved a request for Prilosec while denying a request for Ultracet. The applicant attorney subsequently appealed. On May 23, 2013, the attending provider posited that the applicant's ongoing usage of Percocet and Neurontin had ameliorated the applicant's low back pain to the point where the applicant was able to go to the gym, exercise regularly and maintain full-time work status admittedly with permanent limitations in place. On March 13, 2014, the applicant was again described as having persistent complaints of pain, as high as 8/10. The attending provider again reiterated that the applicant was working regular duty. The applicant had reportedly stopped taking Ultracet, Neurontin, and Lyrica on the grounds that they were not helping. The applicant reported constant 8/10 pain. The applicant did not want to take Percocet, it was stated. An epidural Steroid injection was apparently endorsed. In an earlier note dated February 13, 2014, the attending provider again acknowledged that the applicant's Ultracet was not helping his pain, but that he was nevertheless maintaining regular duty work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In the case, however, the attending provider has acknowledged that, on several occasions, referenced above, that ongoing usage of Ultracet has failed to ameliorate the applicant's pain complaints in any appreciable way. While the applicant has achieved and/or maintained regular work status, both the attending provider and the applicant have acknowledged that ongoing usage of Ultracet has not been successful in terms of either pain or function. Therefore, the request is not medically necessary.