

Case Number:	CM14-0070134		
Date Assigned:	07/14/2014	Date of Injury:	12/08/2006
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

Medical records reflect a claimant with a left shoulder work related injury dated 12-8-06. This claimant is status post left shoulder open rotator cuff repair on 6-22-07. He developed postoperative infection for which he required IV antibiotics, s/p arthroscopic debridement on 8-5-07. He was found to have septic arthritis with re-rupture of the rotator cuff and suggestion of osteomyelitis. On 4-24-14, it is noted the claimant is not tolerating Ultram and reporting increased anxiety. On 5-21-14 it is noted the claimant is status post bilateral cubital tunnel and carpal tunnel surgery with mild 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 #120, 2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol (Ultram).

Decision rationale: Medical records reflect a claimant with chronic pain complaints who has undergone surgery to the left shoulder, bilateral carpal tunnel and bilateral cubital tunnel. The

claimant is now being managed with medications, which include Ultracet. Documentation notes the claimant reported he is not able to tolerate Ultracet. Additionally, there is an absence in documentation noting any functional improvement with this medication. Based on the records provided, the requested Ultracet is not reasonable or medically indicated. It has provided little to no pain relief to this claimant and he even reports inability to tolerate the medication. Therefore, the requested Ultracet is not supported.