

Case Number:	CM14-0086232		
Date Assigned:	07/23/2014	Date of Injury:	09/10/2013
Decision Date:	09/18/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on 09/10/2013, due to doing his regular job duties and he was picking up trash, suddenly a piece of lumber fell on his back. As a result of that accident he injured his lower back and left shoulder. Diagnoses were lumbosacral sprain/strain, lumbosacral neuritis or radiculitis, lumbar disc syndrome without myelopathy, cervicothoracic sprain/strain, shoulder upper arm sprain/strain, rotator cuff syndrome, elbow/forearm sprain/strain, and sleep disturbance. Past treatments were physical therapy. Diagnostic studies were MRI of the lumbar spine, MRI of the left shoulder, and an EMG of the upper extremities. Surgical history was not reported. The injured worker had a physical examination on 06/16/2014 that revealed complaints of low back pain that extended into the right leg. Pain level was reported at a 6/10 to 7/10. The injured worker complained the right leg felt numb. Examination of the left shoulder revealed pain with certain movements, some restricted motion of the left shoulder. Examination of the lumbar spine revealed flexion was to 80 degrees, extension was to 20 degrees, and right and left lateral flexion were to 15 degrees. Medications were not reported. Treatment plan was for physical therapy 2 times a week for 4 weeks and orthopedic consult for the low back were to be requested, also, a request for a referral to an orthopedic for the left shoulder. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60- dispensed 05.07.14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82,93,94,113,78.

Decision rationale: The Request for Ultracet 37.5/325mg quantity 60, dispensed 05/07/2014 is non-certified. California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request Ultracet 37.5/325mg #60- dispensed 05.07.14 is not medically necessary.