

Case Number:	CM14-0189223		
Date Assigned:	11/20/2014	Date of Injury:	04/11/2014
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/13/2014

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 Orthopedic Surgery, 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 male with a 4/11/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/3/14 noted subjective complaints of left shoulder pain, and left upper extremity numbness and weakness. Objective findings included diffuse diminished sensation of the left upper extremity. Current medications include Ultracet. It is unclear from the documents whether the requested left shoulder arthroscopy has been approved. Diagnostic Impression: left shoulder tendinitis, left shoulder contusion and sprain. Treatment to Date: medication management, physical therapy. A UR decision dated 10/24/14 denied the request for post-op Ultracet 1 tablet every 4-6 hours as needed #60, with 1 refill. There is no rationale provided in the documents available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Ultracet 1 Tablet Every 4-6 Hours As Needed #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines opiates 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. However, the patient has already been noted to be on Ultracet pre-operatively without apparent benefit. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for post-op Ultracet 1 tablet every 4-6 hours as needed #60 with 1 refill was not medically necessary.