

Case Number:	CM14-0190936		
Date Assigned:	11/24/2014	Date of Injury:	08/03/2003
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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:

This patient sustained an injury on 8/3/2003 while employed by [REDACTED]. Request(s) under consideration include Ultracet #90. Diagnoses include lumbar pain; multiple joint pain; chronic diffuse myofascial pain; s/p right wrist surgery with residual pain; and depression/anxiety. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report of 10/20/14 from the provider noted the patient with chronic ongoing low back pain aggravated by standing, sitting, walking, bending, twisting, squatting and stooping movements; continued significant right hand pain with limited use of right upper extremity; along with epigastric pain; Pain is relieved with Ultracet and Flector patches. Exam showed unchanged antalgic gait; diffuse tenderness and spasm with decreased range in all planes. Treatment included continued medications. The request(s) for Ultracet #90 was modified for purpose of weaning on 11/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids , specific drug list

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This patient sustained an injury on 8/3/2003 while employed by [REDACTED]. Request(s) under consideration include Ultracet #90. Diagnoses include lumbar pain; multiple joint pain; chronic diffuse myofascial pain; s/p right wrist surgery with residual pain; and depression/anxiety. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report of 10/20/14 from the provider noted the patient with chronic ongoing low back pain aggravated by standing, sitting, walking, bending, twisting, squatting and stooping movements; continued significant right hand pain with limited use of right upper extremity; along with epigastric pain; Pain is relieved with Ultracet and Flector patches. Exam showed unchanged antalgic gait; diffuse tenderness and spasm with decreased range in all planes. Treatment included continued medications. The request(s) for Ultracet #90 was modified for purpose of weaning on 11/10/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive deterioration. The Ultracet #90 is not medically necessary and appropriate.