

Case Number:	CM15-0106921		
Date Assigned:	06/11/2015	Date of Injury:	11/08/2013
Decision Date:	12/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 10-8-13. A review of the medical records indicates he is undergoing treatment for mild traumatic brain injury - post concussive encephalopathy secondary to motor vehicle accident 11-8-13, left brachial plexopathy and C6-7 radiculopathy, complex regional pain syndrome type I, mild right biceps tendinitis, left humeral neck fracture 7-9-14, left distal clavicle fracture, right occipital condyle fracture, left maxillary sinus fracture, right distal radius fracture with radio-carpal dislocation - status post open reduction internal fixation, left proximal fibula fracture, pulmonary contusion, left frontal scalp hematoma, C6-C7 intraspinous ligament injury, dyslipidemia, gout, hypertension, history of previous right shoulder neck and low back injury from another industrial motor vehicle accident in August 2013, history of sleep apnea, right carpal tunnel syndrome, and left 3rd finger fracture dislocation. Medical records (5-11-15) indicate complaints of bilateral neck pain that radiates "to the left" and left forearm "burning" pain that radiates to the left thumb and index finger. He reports numbness in the left upper arm and burning pain in the left shoulder. He reports that his symptoms worsened in March, after stopping Celebrex in late February. He is also concerned about weight gain. The physical exam reveals a "head-forward" posture. Tenderness to palpation is noted at the post scalene-splenius bilaterally and the right suboccipital region. Pain is increased with rotation. Cervical range of motion is diminished. Axial compression and Spurling's maneuver produce pain on the left side. Tenderness to palpation is noted at the base of the right wrist. No pain is noted with range of motion of the

right wrist. The right shoulder is tender at the biceps tendon. Speed test is positive. Impingement maneuvers are negative. The left upper extremity is tender at the distal clavicle and AC joint. Pain with range of motion of the left shoulder is noted. The left forearm shows "some atrophy", as does the left hand. Diagnostic studies have included an EMG, x-rays of the left shoulder, CT of the cervical spine, and an MRI of the cervical spine. Treatment has included physical therapy and medications. His medications include Colace, Zocor, Ambien, Lopressor, Ultracet, Lisinopril, Pepcid, and Lyrica. He has been receiving Ultracet since, at least, 11-10-14. The record does not indicate work status. The utilization review (5-15-15) includes a request for authorization of Ultracet 37.5-325mg #360. The request was modified to a quantity of 70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Ultracet is an opioid. This worker has been taking Ultracet for at least several months. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. This worker's ongoing neck and upper extremity pain are discussed in the progress notes but there is no reported measurement of pain or function or response to Ultracet. There is no discussion of the presence or absence of aberrant drug behavior or side effects. The criteria for the continued prescription of opioids has not been met. Therefore, the request is not medically necessary.