

Case Number:	CM15-0107144		
Date Assigned:	06/11/2015	Date of Injury:	11/21/2005
Decision Date:	07/15/2015	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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 61 year old female who sustained an industrial injury on 11/21/2005. Current diagnoses include cervical spine musculoligamentous injury with bilateral upper extremity radicular symptoms, left shoulder internal derangement status post repair, right shoulder internal derangement, bilateral carpal tunnel syndrome, bilateral knee chondromalacia patella and osteoarthritis, and medication induced gastritis/GERD. Previous treatments included medication management, left shoulder surgery, and injections. Report dated 04/03/2015 noted that the injured worker presented with complaints that included neck pain, headaches, and shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormalities in the cervical spine, shoulders, and upper extremities. The treatment plan included four trigger point injections, refilled medications which included Prilosec, Ultracet, and Doral, Neurontin was increased, continue self-directed exercises, evaluation with the gastroenterologist, MSC is scheduled for May, and return in 4-6 weeks. Disputed treatments include Ultracet.

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 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine myoligamentous injury to bilateral upper extremity radicular symptoms; left shoulder internal derangement, status post open rotator cuff repair; right shoulder internal derangement; bilateral carpal tunnel syndrome; bilateral knee chondromalacia patella and osteoarthritis; and medication induced gastritis/GERD. Medical record contains 31 pages. There are three progress notes in the medical record. In a progress note dated November 7, 2014 the injured worker was taking Ultram ER 50mg TID. In a progress note dated December 19, 2014, Ultram ER 50 mg changed top Ultracet 37.5/325 mg. There is no clinical rationale in the medical record for the change. The most recent progress note dated April 3, 2015 states the injured worker has ongoing neck pain 5/10 and bilateral shoulder pain. There is no documentation indicating objective functional improvement. There is no change in the subjective pain score. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning Ultracet the medical record. Consequently, absent clinical documentation with a clinical rationale for changing Ultram ER to Ultracet, evidence of objective functional improvement to support ongoing Ultracet, evidence of weaning, risk assessments and detailed pain assessments, Ultracet 37.5/325mg # 90 is not medically necessary.