

Case Number:	CM15-0108442		
Date Assigned:	06/15/2015	Date of Injury:	01/07/2011
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 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 51-year-old male, who sustained an industrial injury on 1/07/2011, because of continuous trauma, while working as a machine operator. The injured worker was diagnosed as having lumbar myoligamentous injury with left lower extremity radicular symptoms, status post left shoulder rotator cuff repair and subsequent residuals, and medication induced gastritis. Treatment to date has included diagnostics, chiropractic, lumbar epidural injections, rotator cuff repair with subsequent manipulation under anesthesia, physical therapy, and medications. Urine toxicology (1/16/2015) noted inconsistent results. Currently (4/24/2015), the injured worker reported 55% pain relief after lumbar epidural steroid injection on 4/09/2015. He reported doing more chores and being more active. He continued to have left shoulder pain, noting corticosteroid injection 1/16/2015 with approximately 4 weeks of benefit. His pain was not currently rated. His current medication use included Norco, Anaprox DS, Neurontin, and Prilosec. He preferred Ultracet unless his pain was very severe. His work status was permanent and stationary. He received trigger point injections. The treatment plan included medication refills.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was noted to have decreased medication use for pain but the claimant preferred the use of Ultracet for mild pain. The request for Ultracet still including combined use of Norco and Anaprox. A weaning protocol was not noted or failure of Tylenol use. No one opioid is superior to another and the request for Ultracet is not medically necessary.