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| <b>Case Number:</b>   | CM15-0108928 |                              |            |
| <b>Date Assigned:</b> | 06/15/2015   | <b>Date of Injury:</b>       | 06/19/2012 |
| <b>Decision Date:</b> | 07/15/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old female, with a reported date of injury of 06/19/2012. The diagnoses include lumbar degenerative disc disease, lumbosacral strain, left shoulder pain, low back pain with radiculopathy, herniated lumbar disc with bilateral radiculopathy, left shoulder impingement syndrome, left shoulder labral tear, and left carpal tunnel syndrome. Treatments to date have included an MRI of the upper extremity joint (left shoulder) on 02/10/2015 which showed small joint capsule, mild impingement, and mild blunting of deformity and deformity of the anterior labrum; an MRI Arthrogram of the left shoulder on 02/10/2015 which showed small joint capsule without evidence of rotator cuff tear; lumbar epidural steroid injection on 02/17/2015; and electrodiagnostic studies. The progress report dated 05/19/2015 indicates that the injured worker had worsening pain and decreased motion of the left shoulder and continued numbness, tingling, pain, and weakness with decreased grip strength of the left hand. The objective findings include positive left shoulder impingement sign, positive drop shoulder test, limited abduction and flexion of the left shoulder, crepitus and pain beneath the left subacromial space with reproducible clicking and popping at the anterior shoulder joint, decreased sensation of the left median nerve distribution, and positive Tinel's and Phalen's test with decreased grip strength of the left hand. Per documentation the patient was to undergo shoulder surgery and carpal tunnel release. The treating physician requested Ultracet 37.5/325mg #100 with one refill.

### 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 #100 with 1 Refill Qty 200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids-specific drug list-Tramadol/acetaminophen.

**Decision rationale:** Ultracet 37.5/325 MG #100 with 1 Refill Qty 200 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Tramadol/Acetaminophen is recommended for short term use 5 days in acute pain management. 2 tablets PO every 4 to 6 hours as needed (max 8 tablets/day). The request exceeds the recommended 5 day limit for this medication. There are no extenuating factors that would necessitate going against this guideline and using this medication longer than the recommended period therefore the request is not medically necessary.