

Case Number:	CM15-0132102		
Date Assigned:	07/20/2015	Date of Injury:	09/29/2014
Decision Date:	09/29/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43-year-old male, who sustained an industrial injury on 9/29/2014. He reported exiting a truck he felt as though his right knee was giving way, and grabbed onto a hand rail with his left upper extremity. The injured worker was diagnosed as having medical history of high blood pressure; acute left cervical radiculopathy, left shoulder osacromiale, left shoulder partial biceps tear-tendinosis, left shoulder partial rotator cuff tear-tendinosis, left shoulder possible SLAP tear, mild left carpal tunnel syndrome, moderate to large cervical disc herniation's with neuroforaminal and central stenosis and mild cord compression, and small to moderate cervical disc herniations. Treatment to date has included magnetic resonance imaging of the left shoulder (1/22/2015), medications, evaluations, right knee surgery (2012). The request is for Ultracet. On 3/24/2015, he complained of pain of the neck with radiation into the left arm. The treatment plan included cervical epidural injection. On 4/17/2015, he reported substantial improvement for one week following a cervical epidural injection on 4/6/2015. He indicated he still felt improvement but is starting to notice recurrence of symptoms of neck pain with radiation into the left upper extremity. He also had ongoing left shoulder pain. The treatment plan included: neck surgery in the future, cortisone injection given with noted pain relief for one month. Prescriptions for: Ibuprofen 600 mg. On 5/8/2015, he was seen by QME. He complained of neck pain rated 4/10, and left shoulder pain rated 4/10. He denied right shoulder pain. He reported having heartburn with the use of Ibuprofen and Norco. Proton pump inhibitors were recommended to be used with Ibuprofen and Norco. On 6/2/2015, he complained of left shoulder pain, neck pain. He reported improvement of the neck pain. He indicated the left shoulder pain

radiated with certain movements. Range of motion of the bilateral shoulders is noted to be decreased with left greater than right. The treatment plan included left shoulder surgery. He is reported to be utilizing anti-inflammatory medications for pain relief, which he indicated to not adequately manage his symptoms. He was given a prescription for Ultracet. His work status is noted to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The request for two-month supply is not appropriate, as it does not allow for timely reassessment of medication efficacy. The request is not medically necessary.