

Case Number:	CM15-0137411		
Date Assigned:	07/27/2015	Date of Injury:	11/06/2013
Decision Date:	08/27/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder and elbow pain with derivative complaints of insomnia, depression, and psychological stress reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for Ultracet. The applicant's attorney subsequently appealed. In an April 30, 2014 progress note, it was stated that the applicant was off work and was in process of applying for State Disability Insurance (SDI). The applicant had developed issues with stress, depression, anxiety, and weight gain reportedly imputed to his chronic pain complaints. Multiple medications were endorsed, including tramadol, Naprosyn, Protonix, and Flexeril. The applicant was given work restrictions, although it was acknowledged that the applicant was not working with said limitations in place. On an RFA form dated May 6, 2015, Naprosyn, trazodone, Norco, Motrin, and Maxalt were all endorsed. In a progress note dated May 6, 2015, the applicant reported severe shoulder pain. The applicant reportedly presented with severe muscular shoulder pain. The applicant received trigger point injections in the clinic. Norco, Naprosyn, Maxalt, Motrin, and Desyrel were endorsed. The applicant was not working, it was acknowledged. Severe headaches were reported. On April 1, 2015, Norco, Naprosyn, AcipHex, Ultracet, and Maxalt were all prescribed. It was suggested that the applicant was receiving permanent disability benefits. Multifocal complaints of neck, shoulder, and elbow pain with derivative complaints of depression, stress, insomnia, and sexual dysfunction were alleged. Little-to-no discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

Decision rationale: No, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider failed to establish a clear role for concurrent usage of two separate short acting opioids, Norco and Ultracet. The applicant was described as using both Norco and Ultracet on multiple office visits of mid-2015, referenced above. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple office visits, referenced above, at which point, it was stated that the applicant was receiving State Disability Insurance benefits, permanent disability benefits, indemnity benefits, etc. The attending provider failed to outline meaningful, material and/or substantive improvements in function (if any) suspected as a result of ongoing Ultracet usage (if any). Therefore, the request was not medically necessary.