

Case Number:	CM15-0163523		
Date Assigned:	08/31/2015	Date of Injury:	06/21/2012
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female with a June 21, 2012 date of injury. A progress note dated June 23, 2015 documents subjective complaints (neck pain; lower back pain; right shoulder pain; right knee pain; right hand pain), objective findings (tenderness to the first metacarpal; right wrist tenderness; proximal right forearm tenderness without medial or lateral epicondylar tenderness; right shoulder rotator cuff, supraspinatus, deltoid, and infraspinatus tenderness with crepitus; decreased range of motion of the right shoulder; decreased range of motion of the neck; decreased range of motion of the lumbar spine; lower thoracic and lumbar spasm with tenderness at L2 to L5-S1; bilateral sacroiliac tenderness; right knee tenderness), and current diagnoses (chronic cervical myofascial pain; chronic lumbosacral pain with evidence of mild degenerative bone and disc disease with mild anterolisthesis of L4 and L5; chronic right shoulder pain with magnetic resonance imaging evidence of osteoarthritis, subacromial-subdeltoid bursitis; supraspinatus and infraspinatus tendinopathy; biceps tendinopathy; and moderate glenohumeral effusion; chronic right leg radicular symptoms; chronic right upper extremity radicular symptoms in a C5 distribution; chronic right knee sprain with magnetic resonance imaging evidence of degenerative changes with mild medial compartment joint space narrowing and a small ossific structure at the superior pole of the patella; probable muscle contraction cervicogenic headaches; depression; chronic right de Quervain's tenosynovitis; chronic right hand pain at the base of the first metacarpal; symptoms of bilateral carpal tunnel syndrome, right greater than left; chronic right sternoclavicular joint dislocation; chronic lumbar sprain).

Treatments to date have included oral medications, topical medications, and imaging studies. The treating physician documented a plan of care that included Ultracet 37.5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 93-94, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015)- Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Ultracet 37.5mg Qty: 120.00 is not medically necessary and appropriate.