

<b>Case Number:</b>	CM15-0169474		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/14/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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:

The injured worker is a 57-year-old male who sustained an industrial injury on April 14, 2000. A primary treating office visit dated March 04, 2015 reported subjective complaint of right shoulder pain. Of note, on December 15, 2014 he had met maximal medical improvement with future medical and surgical care. He is with complaint of having increased pain that he is attributing to home exercises utilizing 10-pound dumb bells. He states taking Soma and Diclofenac with good effect. He was prescribed a modified work duty but is retired. Previous surgical history to include: two cervical spine procedures; bilateral arthroscopic knee procedures; and a cervical fusion in 2014. Active medications consist of: Voltaren XR and Soma. He is denoted being allergic to Morphine. The assessment found the worker with rotator cuff syndrome; joint pain shoulder. The plan of care at follow up dated May 01, 2015 reported surgical intervention of the shoulder is the plan of care. Follow up dated May 18, 2015 reported the worker scheduled for shoulder surgery the end of the month and prescribed: Norco 5mg 325mg one tablet every six hours. Post-operative follow up dated June 29, 2015 reported current medications consisting of: Soma, Voltaren XR, and Norco 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #40:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioids, specific drug list (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** The current request is for Ultracet 37.5/325mg #40. Treatment history includes two cervical spine procedures, bilateral arthroscopic knee procedures, cervical fusion in 2014, injections, manual therapy, physical therapy and medications. The patient is retired. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS, page 13 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per report 08/05/15, the patient is s/p right shoulder arthroscopy and subacromial decompression on 05/28/15 and presents with continued pain. The patient's medications include Voltaren 100mg, Soma 250mg, Penicillin V potassium, and aspirin. The patient used Norco for a short period of time following surgery; however, it is not a current medication. The patient was advised to take Ultracet as needed, and to apply ice. This is an initial request for Ultracet. The patient reports continued pain, especially with range of motion following the 05/28/18 shoulder surgery. It appears that the patient's current medications are not sufficient and a trial of Ultracet is reasonable and supported by MTUS. This request IS medically necessary.