

Case Number:	CM15-0181413		
Date Assigned:	09/22/2015	Date of Injury:	11/04/2013
Decision Date:	11/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 4, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Ultracet. The claims administrator referenced an August 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 4, 2015 office visit, the applicant reported 8/10 pain complaints, heightened from the preceding visit. The applicant had undergone earlier pectoralis tendon repair procedure on December 5, 2013, the treating provider reported. Ultracet was refilled. The applicant's work status was not detailed. Little seeming discussion of medication efficacy transpired. The applicant's pain complaints were described as "stabbing," the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on the August 4, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. Pain complaints as high as 8/10 were reported on that date. The applicant's pain complaints were "stabbing," the treating provider reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultracet usage. Therefore, the request was not medically necessary.