

Case Number:	CM15-0186811		
Date Assigned:	09/28/2015	Date of Injury:	08/25/2014
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on 08-25-2014. He has reported subsequent neck, head, left upper extremity, low back and right knee pain and was diagnosed with post-concussion headaches, neck pain with whiplash and radiculopathy into the left upper extremity, blunt trauma with a twisting injury to the right knee and sprain and strain stretch injury to the low back. Treatment to date has included pain medication and physical therapy which were noted to have failed to significantly relieve the pain. MRI of the cervical spine on 08-18-2015 showed osteophyte complex encroaching upon ventral epidural space at C5 and C6 and disc height reduction with posterior broad-based bulging 2 mm beyond the endplate margin and mild bilateral foraminal narrowing. In an 08-26-2015 progress note, the injured worker reported continued neck and right knee pain with difficulty squatting, kneeling or crouching without the knee clicking, snapping or possibly giving out. Objective findings showed decreased and painful range of motion of the neck with tenderness, decreased range of motion of the shoulder and right knee soreness and tenderness at the medial joint line and patellofemoral tenderness with a positive Patellar tap test. The physician noted that authorization was requested again for outpatient arthroscopy and meniscectomy to the right knee. In a progress note dated 09-08-2015, the injured worker reported 6-7 out of 10 neck pain and was being seen for a second opinion regarding a pinched nerve in the neck. Objective examination findings revealed decreased range of motion of the cervical spine in all directions 5-10 degrees with pain, positive Spurling's sign with radiculopathy along the left C5-C7 dermatomes and decreased sensation along the left C7 dermatome. A request for authorization dated 09-09-2015 noted that cervical

epidural steroid facet injection at C6-C7 along with post-operative medications including Ultracet and physical therapy were being requested. Work status was documented as off work. A request for authorization of Ultracet 37.6-325 #60 was submitted. As per the 09-14-2015 utilization review, the request for Ultracet 37.6-325 #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.6-325 #60: 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: The claimant sustained a work injury in August 2014 and continues to be treated for neck and right knee pain after a motor vehicle accident. He was seen by the requesting provider for a second opinion regarding a pinched nerve in his neck. He was having pain rated at 6-7/10. Physical examination findings included decreased and painful cervical spine range of motion. There was decreased left upper extremity sensation with positive Spurling's testing. Authorization for an epidural injection and post-injection Ultracet was requested. Criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing an opioid medication prior to undergoing the planned procedure is not appropriate or medically necessary.