

Case Number:	CM15-0187323		
Date Assigned:	09/29/2015	Date of Injury:	05/26/2013
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania, Ohio, 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 60 year old female sustained an industrial injury on 5-26-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain, left shoulder sprain and strain, left knee sprain and strain and left ankle sprain and strain. Previous treatment included physical therapy and medications. In a Doctor's First Report of Occupational Injury dated 7-18-15, the injured worker complained of pain to the low back, right leg, right knee, right foot, neck, upper back and bilateral hips with radiation down to the feet as well as some epigastric pain. The injured worker reported that she had been told that she had a gastric ulcer. The injured worker had been unable to tolerate Ibuprofen due to stomach irritation. Physical exam was remarkable for bilateral shoulders with infraspinatus tenderness to palpation, tenderness to palpation at the base of the right thumb, bilateral trochanters, bilateral knees, both ankles, bilateral sternocleidomastoids, cervical spine from C2-T1 and thoracic spine from T1-L1, right grip strength 37-43.3 and 39.8, cervical spine range of motion: flexion 20 degrees, extension 20 degrees, bilateral rotation 45 degrees and bilateral flexion 5 degrees, lumbar spine range of motion: flexion 60 degrees, extension 0 degrees, left rotation 5 degrees, right rotation 5 degrees, intact sensation to bilateral upper and lower extremities and 4 out of 5 strength to bilateral lower extremities. The injured worker was able to squat to 50% of "normal" and get up again. The physician stated that the injured worker had "profound" weakness with difficulty getting on the exam table due to bilateral leg weakness. The treatment plan included a prescription for Norco as she had gotten pain relief from Norco previously, a trial of Lidoderm patches and an orthopedic consultation. In a PR-2 dated 8-18-15, the injured worker complained of low back,

left buttocks and left shoulder pain. The injured worker denied left knee and left ankle pain. The injured worker reported that she had been vomiting from the Norco. Physical exam was remarkable for was essentially unchanged. The treatment plan included a trial of Ultracet and discontinuing Norco and Lidoderm patches. On 8-18-15, Utilization Review modified a request for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, Tramadol/Acetaminophen (Ultracet).

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case outline in detail a history of side effects to Norco and the plan to titrate opioid management instead to Ultracet, particularly given past intolerance of NSAIDs. As noted in the initial physician review, an initial trial of Ultracet is appropriate and medically necessary; however, 3 refills are not medically necessary given that the efficacy of Ultracet and the patient's ability to tolerate it are not yet apparent. Thus, one prescription for #120 and a physician follow-up visit would be medically necessary; however, 3 refills as requested are not medically necessary. Therefore, overall the request as proposed is not medically necessary.