

Case Number:	CM15-0201989		
Date Assigned:	10/16/2015	Date of Injury:	08/18/2011
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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 37 year old male with a date of injury on 08-18-2011. The injured worker is undergoing treatment for chronic left shoulder pain-status post shoulder arthroscopic surgery in 2012, left knee pain status post-surgical repair on 06-06-2014, low back pain, and dental pain. A Magnetic Resonance Imaging of the left knee done on 06-09-2015 showed status post ACL graft repair with interstitial tears and a small torn flap from the anterior margin of the ACL graft touching the roof to the intercondylar notch with anteriorly a small amount of fluid within the intercondylar notch and there is scaring in the Hoffa's fat pad at the port entry site for the ACL great repair. An unofficial MRI of the lower back done on 07-07-2012 showed degenerative arthrosis most pronounced at L4-L5 and L5-S1 levels. A urine drug screen done on 08-10-2015 was consistent. He continues to work. A physician progress note dated 06-18-2015 documents the injured worker hs continued left knee pain, and a lot of clicking in the knee and his left leg will give out on him. He is in constant pain and has instability when not wearing the knee brace. He takes Tramadol for pain. 08-10-2015 the injured worker complains of ongoing low back pain. His trochanteric bursa pain is a lot better than it was last month after the cortisone injection. He continues to do well with his medication regime. With Ultracet his pain is down from 7 out of 10 to 3 out of 10, and it allows him to continue to function well. He continues to work full time. A physician note dated 09-08-2015 documents the injured worker was seen on 08-07-2015 and had a radiofrequency ablation procedure in the lumbar spine. He was doing okay for a while but now is having increased pain at the site of the ablation and sometimes the pain gets so severe that he is unable to move. His meds help with his pain. He has a slight

antalgic lean when his is sitting. He has tenderness across the lower back. He has pain with oblique lumbar extension. The pain management physician wrote for the Ultracet (06-17-2015), Celebrex and Prilosec. Treatment to date has included diagnostic studies, medications; status post left knee ACL reconstruction on 06-06-2014, physical therapy, use of a knee brace, medial branch blocks, and radiofrequency ablation. Current medications include Ultracet 37.5- 325mg, Celebrex, and Prilosec. The Request for Authorization dated 09-18-2015 includes Ultracet 37.5- 325mg, Celebrex, and Prilosec. On 09-25-2015 Utilization Review modified the request for Ultracet 37.5/325mg, #60 with 1 refill to Ultracet 37.5/325mg, #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: 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. It cites 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 specific improvement in daily activities or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic August 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Ultracet 37.5/325mg, #60 with 1 refill is not medically necessary and appropriate.