

Case Number:	CM15-0020213		
Date Assigned:	02/09/2015	Date of Injury:	07/23/2014
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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 54-year-old male who reported an injury on 07/23/2014 due to an unspecified mechanism of injury. On 12/12/2014, he presented for a follow-up evaluation of her low back pain. He stated that the pain had increased since his last visit and that his symptoms remained severe and were associated with more weakness and numbness into the right leg. He rated his back pain at a 10/10. His medications included Tylenol No. 3 twice a day, Flexeril 7.5 mg twice a day, Relafen 750 mg twice a day, and Pamelor 25 mg once at night. It was stated that he no longer was receiving tramadol. He noted that his medications decreased his pain by 30% and temporarily allowed him to increase walking distance. A physical examination showed tenderness to palpation about the lumbar spine paraspinous regions bilaterally with decreased range of motion. Sensation was noted to be decreased at the right L3, L4 and L5 dermatomes and motor strength was a 4/5 in the TA and EHL on the right, psoas, quads, and hamstrings were 4/5 on the right as well. He was diagnosed with lumbar HNP and lumbar radiculopathy. The treatment plan was for Ultracet 37.5/325 mg #30. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the request did not state the frequency of the medication. Therefore, the request is not supported. As such, the request is not medically necessary.