

Case Number:	CM15-0214498		
Date Assigned:	11/04/2015	Date of Injury:	06/10/2011
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59-year-old male with an industrial injury date of 06-10-2011. Medical record review indicates he is being treated for status post open reduction internal fixation at the right distal ulna and radius with residuals and status post right shoulder biceps tenodesis with residuals. Subjective complaints (09-18-2015) included intermittent pain in right shoulder with occasional popping sensation in the shoulder. Associated symptoms included numbness and tingling of his right upper extremity. He rates the pain as most days 3-4 out of 10. On a good day, pain is 2 out of 10 and on a bad day his pain increases to 5-6 out of 10. He also complains of intermittent pain in right arm radiating to his wrist rated as 2-3 on most days, 2 out of 10 on a good day and 5-6 out of 10 on a bad day. Right wrist and hand pain was described as present 100% of time with numbness and tingling in the right upper extremity. The pain is rated as 4-5 out of 10 most days, on a good day the pain was rated as 4 out of 10 and on a bad day as 6 out of 10. The injured worker reported difficulties with self-care and personal hygiene and opening jars. Other reported difficulties were rising from a chair, getting in and out of bed, working outdoors, prolonged writing and typing, prolonged driving and riding a bicycle. He also reported difficulty with getting to sleep, sleeping through the night, having restful sleep and feeling refreshed after sleep due to pain and discomfort. Work status is temporarily totally disabled (09-18-2015). Current medications (09-18-2015) included Citalopram, Lovastatin, Lisinopril and Hydrocodone. Prior medications included Percocet (03-20-2015), Oxycontin (04-24-2015) and Norco (06-26-2015). Prior treatment included cortisone injection to right shoulder, physical therapy, right shoulder rotator cuff repair, right wrist revision surgery, ganglion cyst removal and

medications. Physical exam (09-18-2015) bilateral shoulder exam noted mild to moderate tenderness upon palpation of the right shoulder. Shoulder range of motion was decreased in the right shoulder. Neer's and Hawkins sign was positive. There was moderate tenderness upon palpation of the right wrist. On 10-02-2015 the request for Ultracet tab 37.5-325 quantity 60 for 30 days was modified by utilization to a quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet tab 37.5-325 # 60 for 30 days supply med 15: Overturned

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 5/10 to a 2/10. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have been met and the request is medically necessary.