

Case Number:	CM15-0032985		
Date Assigned:	02/26/2015	Date of Injury:	10/05/2008
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male, who sustained an industrial injury on October 5, 2008. The diagnoses have included neck pain. Treatment to date has included anterior fusion of C4-5 and C5-7, medication, physical therapy and diagnostic studies. Currently, the injured worker complains of ongoing neck pain and neck stiffness. He reports that his anterior fusion of C4-5 and C5-C7 had little to no improvement on his symptoms. He reports localized paresthesias and notes that he has numbness down both arms when lifting objects. He reports that his symptoms are unchanged. On examination, he has tenderness to palpation of the left and right trapezius muscles. On February 9, 2015 Utilization Review non-certified a request for Ultracet 37.5/325 mg, noting that the guidelines do not recommend this medication as a first-line analgesic and there is insufficient documentation of failed first-line opiate treatment and of derived functional benefit from previous use. The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 5, 2008. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for Ultracet, a synthetic opioid. An RFA form dated February 2, 2015 was referenced in the determination. The applicant had undergone earlier cervical spine surgery, it was incidentally noted. The applicant's attorney subsequently appealed. In an RFA form dated February 17, 2015, the attending provider sought authorization for a multimodality transcutaneous electrotherapy device with associated supplies. In a February 11, 2015 physical therapy progress note, it was suggested that the applicant had retired from his former occupation as a prison guard and was now working as a surveillance investigator. On

January 14, 2015, the applicant reported ongoing complaints of neck and upper extremity pain. The applicant stated that his pain was relatively well controlled following introduction of tramadol. 6/10 pain complaints were noted. The applicant stated that he preferred controlling his pain through tramadol. Permanent work restrictions were endorsed. A physical therapy progress note of January 30, 2015 suggested that the applicant was working full time as a surveillance agent and did report some neck pain while looking up to glance at surveillance cameras during the course of employment. Treatment Utilization Schedule was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Ultracet 37.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram ER; generic available in immediate release tablet) Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Ultracet, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently found alternate work as a surveillance agent, the treating provider has suggested. The applicant is apparently deriving appropriate analgesia from ongoing Ultracet usage, the treating provider has suggested. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.