

Case Number:	CM15-0052726		
Date Assigned:	03/26/2015	Date of Injury:	09/05/2000
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 9/5/2000. The medical records submitted for this review did not include details of the initial injury and did not include a complete list of prior treatments to date. Diagnoses include chronic bilateral shoulder pain, chronic neck and low back pain, disc desiccations, annular tear and multiple bulging discs per MRI, history of severe fracture with surgical repair of the right femur, right shoulder surgery 2003, and depressions and anxiety secondary to pain. Currently, they complained of ongoing right shoulder, low back, hip and left pain. The pain was rated 7/10 VAS without medication and 2/10 VAS with medication. On 1/22/15, the physical examination documented significant tenderness to right greater trochanter of the right hip. The plan of care included continuation of medication therapy pending approval for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-84, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines state that Opioids should be used at the lowest dose possible to improve pain and function. Ongoing monitoring and documentation of pain relief, functional status, appropriate use and side effects is required. In this case, records indicate long term use of Ultracet with limited opioid monitoring having been documented. A urine drug screen was performed but results were not documented. Without clear benefit including efficacy and increased function concurrently with no signs of adverse drug use and side effects, Ultracet should be weaned and discontinued. The request for Ultracet 37.5/325 mg #45 is not medically appropriate and necessary.