

Case Number:	CM15-0054632		
Date Assigned:	03/30/2015	Date of Injury:	02/26/2011
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: Utah, Arkansas

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 45-year-old male, who sustained an industrial injury on 2/26/11. He reported initial complaints of head, chest and mid-back. The injured worker was diagnosed as having T3 compression fracture; chronic thoracic sprain/strain; headache and dizziness; lumbar sprain/strain; lumbar/lumbosacral disc degeneration; cervical discogenic disease; thoracic discogenic disease; lumbar discogenic disease. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; Functional Capacity Evaluation (6/18/12); Lumbar MRI (no date-no report); drug screening for medication management; medications. Currently, the PR-2 notes dated 12/15/14, the injured worker complains of persisting back pain with spasms. The provider documents results of lumbar MRI revealing herniations at L4-L5 and L5-S1 with congenitally small canals with stenosis and well healed "L3" compression fracture. The provider indicates the injured worker will continue the medication course to keep him functional. He has requested the ongoing prescription of Ultracet for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Ultracet is not indicated a medical necessity to the patient at this time.