

Case Number:	CM15-0056812		
Date Assigned:	04/01/2015	Date of Injury:	01/08/2013
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 57 year old male, who sustained an industrial injury on 1/08/2013. He reported injury to both shoulders while carrying heavy paint buckets. The injured worker was diagnosed as having supraspinatus muscle sprain. Treatment to date has included arthroscopic left shoulder surgery on 1/10/2014, magnetic resonance imaging of the left shoulder on 2/11/2015, and medications. Currently, the injured worker complains of left shoulder symptoms. Tenderness was present at the supraspinatus insertion and glenohumeral joint. Instability grade was zero, range of motion was full, and motor strength was 4/5. Sensory exam was intact. Current medication regime was not noted. The treatment plan included exercises (work hardening), non-steroidal anti-inflammatory drugs, Omeprazole, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with left shoulder pain. The request is for Ultracet 37.5/325MG #60 with 2 refills. The request for authorization is dated 03/09/15. The patient is status-post left shoulder surgery, 01/10/14. The patient had a cortisone injection and is doing well. Pain with range of motion of the left shoulder. Per progress report dated, 03/03/15, the patient is on modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per medication report dated, 03/09/15, treater's reason for the request is "being provided to alleviate moderate to severe pain." Submitted progress reports are handwritten with minimal information. In this case, it appears this is the initial trial prescription of Ultracet. Given the patient's condition, the use of this medication appears reasonable. However, per progress report dated, 03/03/15, follow up is scheduled for 04/14/15 at 9:00. While quantity #60 would be appropriate, 2 refills in about a month appear excessive, and treater does not document or explain why the additional 2 refills are needed. Therefore, the request is not medically necessary.