

Case Number:	CM14-0138374		
Date Assigned:	09/05/2014	Date of Injury:	02/02/2006
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on February 2, 2006. The mechanism of injury is stated to be a trip and fall off of a roof. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of right knee pain, low back pain, neck pain, and bilateral wrist/hand pain. Current medications include atenolol, hydrochlorothiazide, Ultracet, and amlodipine. The physical examination demonstrated tenderness of the cervical spine paracervical muscles, levator scapulae, trapezius, and periscapular muscles. There was decreased cervical spine range of motion and a positive Spurling's test. Examination of the lumbar spine noted a mildly antalgic gait and no tenderness or spasms. There was tenderness along the medial joint line and patellofemoral joint of the right knee with range of motion from 0 to 95. There was pain with patella femoral compression and a positive McMurray's test. There was also tenderness of the distal left radius. Diagnostic imaging studies of the cervical spine revealed disc space narrowing at C6 - C7. An MRI of the lumbar spine noted postoperative changes any disc protrusion at L1 - L2. There was also a disc bulge at L2 - L3, L3 - L4, and L4 - L5. Partial effacement of the bilateral L5 nerve roots was noted. Previous treatment includes a right knee arthroscopy physical therapy. A request had been made for Ultracet and physical therapy twice week for four weeks for the cervical spine and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: Ultracet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Ultracet is not medically necessary.

Physical Therapy for the neck 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in eight visits of physical therapy for the cervical spine. It is anticipated that at this point the injured employee would have transitioned to a home exercise program. Without additional justification, this request for an additional eight visits of physical therapy is not medically necessary.