

Case Number:	CM14-0144935		
Date Assigned:	09/12/2014	Date of Injury:	08/10/2013
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 26 year old female who was injured on 08/10/2013. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of acupuncture therapy. Prior medication history included Ultracet, Zanaflex and Relafen. MRI of the right shoulder dated 06/11/2014 revealed multiple full thickness tear. Progress report dated 09/03/2014 indicates the patient presented for follow-up of right shoulder and upper back pain. She continued to have significant pain in the right shoulder and upper back. The medications helped but still have spasms toward trapezius up to the cervical paraspinals. Objective findings on exam revealed right shoulder forward flexion is 90 degrees and abduction is to 90 degrees. Neer's and Hawkins' maneuvers were positive on the right. The patient was diagnosed with right shoulder pain and upper back pain. The patient was recommended and prescribed Ultracet 37.5 which she has been utilizing since 06/12/2014 (VAS 7/10 with medication). Prior utilization review dated 08/21/2014 states the request for Ultracet 37.5 mg, QTY: 120 is modified to certify Ultracet 37.5 mg QTY 96.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-94.

Decision rationale: The guidelines recommend Tramadol and other opioids for chronic use when there is improvement in pain control, improved ADLs/functioning, no side effects, and no aberrant behavior. According to the clinical documents the patient's pain control is similar with opioid medications and non-opioid medications. The clinical documents did not identify a clear improvement in ADLs and level of functioning. The notes did not provide adequate discussion to justify ongoing use of Tramadol at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.