

Case Number:	CM14-0149953		
Date Assigned:	09/30/2014	Date of Injury:	06/18/2013
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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:

Patient is a 33 year-old male with date of injury 06/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/30/2014, lists subjective complaints as headaches, neck and right shoulder pain. Objective findings: Examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion was restricted with flexion limited to 20 degrees, extension limited to 15 degrees and limited by pain. Hypertonicity and tenderness of the paravertebral muscles and trapezius was noted bilaterally. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Right shoulder: Range of motion was restricted in all planes due to pain. Neer test was positive. Shoulder crossover test was positive. Tenderness to palpation was noted in the AC joint, biceps groove, glenohumeral joint and subdeltoid bursa. Motor testing was limited by pain. Light touch sensation and pinprick was decreased over, on the right side and patchy in distribution. Diagnosis: 1. Shoulder pain 2. Cervical radiculopathy 3. Postconcussion syndrome 4. Thoracic pain 5. Lumbar radiculopathy. The medial records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: Ultracet 325/37.5 mg, #60 SIG: take 1 tablet one to two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 325/37.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months.