MAXIMUS Federal Services

Case Number:	CM14-0161918		
Date Assigned:	10/07/2014	Date of Injury:	05/18/2013
Decision Date:	11/07/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 injured worker is a 61-year-old female with a reported date of injury on 05/18/2013. The mechanism of injury was a trip and fall. The injured worker's diagnoses included pain in limb, cervicalgia, cervical spondylosis without myelopathy, lumbago, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. The injured worker's past treatments included medications, heat, physical therapy, water therapy, and acupuncture. The injured worker's diagnostic testing included x-rays of the pelvis, left elbow, and bilateral knees, which were all normal. An x-ray of the cervical spine on 11/18/2013 revealed marked reversal of the normal cervical lordosis, slight ventral subluxation of C4 on C5, ventral spondylosis of disc stature C5-6, and ventral spondylosis at C6-7. An x-ray of the bilateral shoulders on 11/18/2013 revealed minimal acromioclavicular joint degeneration. An undated lumbar MRI revealed unspecified facet changes. No pertinent surgical history was provided. The injured worker's medications included amitriptyline 25 mg at bedtime, nabumetone 500 mg once per day, paroxetine 30 mg 1 twice a day, and Ultracet tablets 37.5/325 mg 1 twice per day as needed for pain. The injured worker was evaluated on 08/28/2014 for worsening leg pain described as intermittent. The clinician observed and reported a focused cervical spine examination which revealed the paravertebral muscles to be tender, and a tight muscle band was noted on the right side. Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms, and all upper limb reflexes were equal and symmetric. No spinal process tenderness was noted. A focused examination of the lumbar spine revealed loss of normal lordosis with straightening of lumbar spine, restricted range of motion with flexion limited to 90 degrees, extension limited to 20 degrees, right and left lateral bending limited to 20 degrees. The neck movements were painful with extension beyond 15 degrees. Examination of the paravertebral muscles revealed tenderness and a tight muscle band was noted on both sides. All lower extremity reflexes were

equal and symmetric. The straight leg raise test was negative. Faber test was positive. Waddell's sign was negative. A focused examination of the knees revealed tenderness to palpation over the right lateral joint line, medial joint line, and patella of the right knee. The patellar apprehension test was positive. The patellar grind test was positive. McMurray's test was negative. Bounce test was negative. Right knee range of motion was 0 to 120 degrees. The left knee revealed no limitation in flexion, extension, internal rotation, or external rotation. Tenderness to palpation was noted over the lateral joint line, medial joint line, and patella. No joint effusion was noted. McMurray's test was negative. Bounce test was negative. Left knee range of motion was 0 to 135 degrees. Motor sensory and reflex evaluation was normal. The clinician reported the Ultracet was helping to control the injured worker's pain; however, it was no longer being approved. The plan was to continue amitriptyline, request an interpreter for every visit, and request 12 sessions of aqua therapy. The request is for Ultracet 37.5/325 MG. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 80.

Decision rationale: The request for Ultracet 37.5/325 MG is not medically necessary. The injured worker complained of worsening leg pain. The California MTUS Chronic Pain Guidelines recommend the use of tramadol for moderate to severe pain. The guidelines recommend continuation of opioids if the patient has returned to work or if the patient has improved functioning and pain. The documentation did not provide a quantified measure of pain relief, discuss side effects, indicate improvement in physical functioning, or address the possibility of aberrant behavior. Additionally, the request did not include a frequency of dosing. Therefore, the request for Ultracet 37.5/325 MG is not medically necessary.