

Case Number:	CM14-0171344		
Date Assigned:	10/23/2014	Date of Injury:	02/20/2013
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family 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:

This is a 38 years old female patient who sustained an injury on 2/20/2013. She sustained the injury due to repetitive work of lifting and carrying. The current diagnoses include right shoulder impingement syndrome with partial rotator cuff tear, status post subacromial injection and cervical degenerative disc disease with right trapezial trigger point. Per the doctor's note dated 8/28/14, she had complaints of neck and right parascapular pain and difficulties with overhead activities. The physical examination revealed focal right trapezial trigger point, focal tenderness over the biceps tendon rotator cuff of the right shoulder, range of motion of her neck: flexion 30 degrees; extension 40 degrees; right and left lateral bending asymmetric, 25 degrees to the right and 30 degrees to the left, no focal neurological deficits from C4 through T1 to motor or sensory evaluation. The current medications list includes Ultracet and Tylenol extra strength. She has had MRI right shoulder which revealed mild supraspinatus tendinitis and mild impingement and cervical spine X-rays which revealed no evidence of significant disc space narrowing. She has had subacromial injection to the right shoulder. She has had physical therapy visits and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics and Opioids for neuropathic pain Page(s): 75, 82.

Decision rationale: Ultracet contains acetaminophen and tramadol. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient has tried ibuprofen in the past but it was discontinued due to gastric upset. Per the records provided patient had neck pain and right shoulder pain. Short term or prn use of the Ultracet in this patient for acute exacerbations would be considered reasonable appropriate and necessary. Therefore the request for Ultracet 37.5/325 is medically appropriate and necessary for prn use during acute exacerbations for this patient.

Extra Strength Tylenol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

Decision rationale: Tylenol extra strength contains acetaminophen 500mg. per the cited guidelines above acetaminophen is "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. Per the records provided patient had neck pain and right shoulder pain. Short term or prn use of the Tylenol in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The treating physician recommends Tylenol for prn use during day time and Ultracet which also contain acetaminophen for night time use. Therefore the request for Extra Strength Tylenol is medically appropriate and necessary for prn use during acute exacerbation for this patient.