

Case Number:	CM14-0181516		
Date Assigned:	11/06/2014	Date of Injury:	01/31/2014
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 Anesthesiology, has a subspecialty in Pain 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:

43y/o female injured worker with date of injury 1/31/14 with related neck and left knee pain. Per progress report dated 10/6/14, the injured worker reported persistent stabbing neck pain with occasional numbness and tingling into the upper extremities. The injured worker reported that ibuprofen was helpful, however, inadequate and requested something stronger. Physical exam findings included painful range of motion and tenderness of the neck. Treatment to date has included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to

improve? (c) Is there likelihood of abuse or an adverse outcome?"Per the latest progress report, the injured worker reported that Ibuprofen was helpful, however, it was inadequate and she requested something stronger. Per progress report dated 10/2/14, the injured worker rated her pain 6/10 in intensity and reported that it was noticeable 100% of the time. The discomfort at its worst was rated 10/10 and 6/10 at its best. I respectfully disagree with the UR physician's denial based upon the Official Disability Guidelines recommendation for short term use, specifically 5 days, in acute pain management. As this is a chronic pain management scenario, the guideline does not apply. The request is medically necessary.