

Case Number:	CM14-0083022		
Date Assigned:	07/21/2014	Date of Injury:	09/05/2000
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Management and is licensed to practice in Tennessee. 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 49-year-old male with a 9/5/00 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/28/14, the patient complained of increased pain in his right buttock and leg. He has been working full-time, but he is having difficulty managing his pain. Tramadol is working for him, and he continues to use it only when he is in severe pain. Objective findings: patient is walking and favoring his right lower extremity, palpatory tenderness in the right buttock area and right leg. Diagnostic impression: chronic bilateral shoulder pain, chronic neck and low back pain, history of severe fracture with surgical repair of right femur, history of right shoulder surgery in 2003, insomnia, depression. Treatment to date: medication management, activity modification, surgery. A UR decision dated 5/22/14 denied the request for Ultracet. The documentation submitted did not provide evidence of the patient's pain and functional deficits, subjective complaints, and objective measurements to warrant the need for pain medication.

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 QID #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that this is a new medication being prescribed by the provider. The patient has been instructed to take 4 tablets a day regularly so that he does not have to "chase the pain". However, it is documented that the patient was previously on Tramadol which the patient stated worked for him. It is unclear why the provider is changing his medication. In addition, this is a request for a 2-month supply. Ongoing and frequent monitoring for pain relief, adverse effects, and functional improvement are required for continuous opioid use. Therefore, the request for Ultracet 37.5/325 mg QID #240 was not medically necessary.