

<b>Case Number:</b>	CM14-0091809		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 59-year-old female who reported an injury on 08/04/2009. The mechanism of injury was not provided. On 07/03/2014, the injured worker presented with left shoulder pain. Upon examination, the injured worker was in no acute distress. The range of motion values for the neck was 30 degrees of flexion and 20 degrees of extension. The left upper extremity adducts to 160 degrees. The diagnoses were left shoulder impingement syndrome, status post arthroscopy with continued symptomatology, decreased range of motion, and chronic pain due to tight muscle spasms. Current medications included Tylenol, Protonix, and diclofenac. The provider recommended Ultracet 37.5/325 mg. The provider's rationale was not provided, and the Request for Authorization form was not included in the medical documents for review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Synthetic Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS recommends the use of opioids in the ongoing management of chronic pain. The guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of her risk of aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. The request for Ultracet 37.5/325mg, #60 is not medically necessary.