

Case Number:	CM14-0214593		
Date Assigned:	01/07/2015	Date of Injury:	07/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 34 year old female who suffered a cumulative work related injury on 07/09/2013. A physician note dated 9/16/2014 documents diagnoses of right shoulder repetitive strain injury; supraspinatus and infraspinatus tendinosis with partial low grade tears, cervical spondylosis without myelopathy, cervicalgia, myofascial pain on the right side of the neck and upper back, right carpal tunnel syndrome status post right carpal tunnel release. A Magnetic Resonance Imaging revealed cervical 4-5 and 5-6 degenerative disc disease, and congenital narrowing of the spine. Treatment has included medications, physical therapy, acupuncture, and steroid injections. As documented in the Utilization Review dated 12/16/2014 a discharge report from the Functional Restoration Program indicated that before the program she has minimal improvements and continued to demonstrate significant anxiety, depression and frustration, but with the program she showed clearly significant improvement in pain as well as dealing with the anxiety and depression. The injured worker has better coping with chronic pain. The Ultracet prescribed to this injured worker previously has not been taken since the first week of the Functional Restoration Program. The request is for Ultracet 37.5/325mg, # 90. Utilization review dated 12/16/2014 non-certified the request for Ultracet 37.5/325mg, # 90, citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Guidelines-Opioids. The FRP documents that Ultracet was discontinued at the end of the first week of the completion of the FRP. Based on the authenticity of FRP documentation, the medication Ultracet is not considered indicated since substantial therapeutic gains and the pain improvement has been achieved by the FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, right shoulder repetitive strain injury; supraspinatus and infraspinatus tendinosis partial low-grade pairs; cervical spondylosis without myelopathy; cervicalgia; myofascial pain on the right side of the neck and upper back; and right carpal tunnel syndrome, status post right carpal tunnel release. The most recent progress note the medical record is dated September 16th 2014. The date of request for Ultracet is December 3, 2014. There is no medical documentation from September 2014 through December 2014. There is no documentation setting forth objective functional improvement with reference to Ultracet. Consequently, absent clinical documentation to support the continuation of Ultracet without evidence of objective functional improvement, Ultracet 37.5/325 mg #90 is not medically necessary.