MAXIMUS Federal Services

Case Number:	CM14-0218741		
Date Assigned:	01/08/2015	Date of Injury:	04/17/2001
Decision Date:	05/29/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/30/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 04/17/2001. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic pain, hypertension not otherwise specified, and hypercholesterolemia. Past medical treatments consist of acupuncture therapy and medication therapy. Medications include lovastatin 40 mg, amlodipine 10 mg, hydrochlorothiazide 25 mg, hydroxyzine 10 mg, carvedilol 12.5 mg, omeprazole 20 mg, Simvastatin 20 mg, and Ultracet. No diagnostics were submitted for review. On 01/07/2015, the injured worker complained of neck and upper back pain. The injured worker rated the pain at a 4/10 to 5/10. The physical examination of the lumbar spine revealed no gross deformities. Range of motion was mildly decreased in the lumbar spine with flexion due to pain. Mild to moderate tenderness upon palpation of lumbosacral spine and paraspinals. Palpation of the cervical spine revealed tenderness of the posterior paraspinals with mild paravertebral muscle tightness. Medical treatment plan was for the injured worker to continue with acupuncture and medication therapy. Rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for Ultracet #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker was having. Additionally, there were no assessments indicating what pain levels were before, during, and after medication administration. There were no UA's or drug screens submitted for review indicating that the injured worker was compliant with prescription medications. Furthermore, there was no evidence of improved function, or a decrease in pain with the use of the medication. The request as submitted also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.