

Case Number:	CM15-0013779		
Date Assigned:	02/02/2015	Date of Injury:	06/04/2004
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on 06/04/2004. He has pain in the neck, headaches, intermittent right shoulder pain, intermittent medial epicondylitis and low back pain with multilevel degenerative change, right knee pain, and right greater than left ankle pain. Diagnoses include pain in joint involving ankle and foot, intervertebral disc disorder with myelopathy, cervicgia, neck pain, lumbago and headache. Treatment to date has included medications, physical therapy, chiropractic sessions, and epidural steroid injections. A physician progress note dated 12/18/2014 documents the injured worker was weaning the Norco and currently is off the Norco, but his pain is severe. His pain with medication is about 4 out of 10, and without medications his pain is 9 out of 10, and his function is limited without medications. He is having more stomach pain but is not on any inflammatory medications. He has tenderness and right-sided lumbar paraspinal spasms and tenderness across the lumbosacral junction. Straight leg raise did produce pain down the legs bilaterally in the seated position. Treatment requested is for Retrospective Ultracet 37.5/325mg #60. On 01/12/2015 Utilization Review non-certified the request for retrospective Ultracet 37.5/325mg #60 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic widespread pain. Medications have included Norco which was discontinued and now Tramadol is being prescribed. Ultracet is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of ultracet was medically necessary.