

Case Number:	CM15-0018489		
Date Assigned:	02/06/2015	Date of Injury:	05/09/1995
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 9, 1995. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve request for Ultracet reportedly dispensed on December 3, 2014. The claims administrator did, however approve, request for Naprosyn, Prilosec, Doral also prescribed and/or dispensed on that date. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported persistent complaints of neck pain, headaches, and shoulder pain. The applicant's medications included Norco, Naprosyn, Lexapro, Doral, Prilosec, and Ultracet. Multiple medications were renewed. The applicant received trigger point injections. The applicant was status post failed cervical fusion surgery. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. On September 4, 2014, the applicant's medications reportedly included Norco, Naprosyn, Lexapro, Xanax, Ultram, and Prilosec. Once again, the applicant work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60, Dispensed On 12/03/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management. Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: No, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider did not outline clear and/or cogent rationale for concurrent usage of two separate short acting opioids, Norco and Ultracet. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant has seemingly failed to return to work. While it was acknowledged that this may be a function of age-related retirement (age 71) as opposed to a function of the applicant's chronic pain complaints alone, the applicant has nevertheless failed to return to work. The attending provider has likewise failed to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy with both Ultracet and Norco. Therefore, the request is not medically necessary.