

Case Number:	CM15-0110514		
Date Assigned:	06/17/2015	Date of Injury:	04/15/2013
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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, Florida, 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 injured worker is a 57 year old female, who sustained an industrial injury on 4/15/2013. She reported falling and landing on her back. Diagnoses have included lumbar myoligamentous injury with left lower extremity radicular symptoms, status post posterior lumbar interbody fusion at L5-S1, cervical spine sprain/strain, bilateral shoulder sprain/strain and medication-induced gastritis. Treatment to date has included physical therapy, chiropractic treatment, lumbar epidural steroid injections, trigger point injections and medication. According to the progress report dated 5/6/2015, the injured worker complained of neck pain with radicular symptoms to her left upper extremity. She reported that her back was starting to feel better. She reported that Norco was helpful with her ability to function throughout the day. She also reported good benefit from Ultracet on an as needed basis. She complained of left shoulder pain which was different from her radicular symptoms. Exam of the cervical spine revealed tenderness to palpation with increased muscle rigidity. There were numerous palpable trigger points and decreased range of motion. Exam of the left shoulder revealed minimal tenderness to palpation. Exam of the lumbar spine revealed tenderness to palpation with increased muscle rigidity and numerous palpable trigger points. Authorization was requested for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured in 2003 falling and landing on her back. There is tenderness to palpation of the left shoulder. Objective functional outcomes out of the medicines are not noted. Ultracet is a combination of Tramadol and Acetaminophen. The Tramadol is the main significant pain medicine. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use is therefore not supported. The request is not medically necessary.