

Case Number:	CM15-0111449		
Date Assigned:	06/17/2015	Date of Injury:	01/15/2014
Decision Date:	07/15/2015	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: 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 34 year old male, who sustained an industrial injury on January 15, 2014. He reported pain in the side of the neck with radiation of pain down the left shoulder and upper back. He was diagnosed with cervical sprain/strain, muscle spasm, and shoulder and arm strain. Treatment to date has included cervical spine transforaminal epidural steroid injection, medications, MRI of the cervical spine, home exercise, physical therapy, and modified work duties. An evaluation on February 5, 2015 revealed the injured worker complained of posterior neck pain. He reports that he has pain when he tries to flex his neck. The pain radiates into the left trapezius and left shoulder blade area. He reports very little pain in the left upper limb at the time of the evaluation and has no associated numbness, weakness or tingling in the left upper extremity. On physical examination the injured worker has no flattening of the cervical lordosis and stands with good posture. He has no tenderness to palpation over the cervical spine, paraspinal musculature and no tenderness over the shoulder musculature. His cervical spine range of motion is limited to 80% of normal on extension and bilateral rotation of the neck. The diagnoses associated with the request include cervical sprain syndrome. The treatment plan includes 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 ACOEM.

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

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for radiating neck pain. In February 2015 he was not taking any prescription medications. There was decreased cervical spine range of motion. He underwent a cervical epidural steroid injection in May 2015. Ultracet (Tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was prescribed without documentation submitted of the claimant's baseline pain level or response to previous treatments including non-opioid medications. The prescribing of Ultracet is not medically necessary.