

Case Number:	CM15-0112928		
Date Assigned:	06/19/2015	Date of Injury:	08/30/2012
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 55 year old female, who sustained an industrial injury on August 30, 2012. She reported injuries to the cervical spine, right upper extremity, and low back. The injured worker was diagnosed as having neck pain, cervical spine degeneration, shoulder pain, rotator cuff injury, low back pain, muscle pain, numbness, and chronic pain. Diagnostic studies to date have included x-rays and MRIs. Treatment to date has included acupuncture, physical therapy, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, steroid injections, therapy, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, steroid injections, and medications including opioid, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. On May 21, 2015, the injured worker complains of aching pain of the neck, right shoulder, right upper extremity, low back, and right lower extremity, which is unchanged from the prior visit. Prolonged sitting, standing, bending, lying down, lifting, and walking aggravate the pain. Medications improve her pain. The pain is rated 8-9/10 without medications and 7/10 with medications. She is scheduled for shoulder surgery on the next Friday. In the review of systems depression, anxiety, and insomnia were noted. The treatment plan includes continuing the current opioid medication: Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Ultracet 37.5mg #180 is not medically necessary and appropriate.