

Case Number:	CM15-0114796		
Date Assigned:	06/23/2015	Date of Injury:	10/25/2011
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

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 59 year old male, who sustained an industrial injury on 10/25/2011. He reported injury of the low back. The injured worker was diagnosed as having lumbago. Treatment to date has included modified work, lumbar spine magnetic resonance imaging, and chiropractic care. The request is for Ultracet. On 10/25/2011, he complained of low back pain. He was prescribed muscle rub, Naproxen, and Flexeril. On 10/31/2011, he complained of low back pain without radiation. He reported physical therapy to be helpful. The record indicated he was to continue his previous medications as prescribed. On 11/13/2014, he presented 3 days after the date of injury. He is seen regarding his left shoulder. He reported doing better, however was still experiencing numbness in the shoulder area. Pain is noted to be increasing. Physical examination revealed a positive apprehension sign, and negative labral tests. The treatment plan included: physical therapy, and a home exercise program. On 1/22/2015, he is noted to not be taking any medications. A surgery request form dated 4/14/2015, is provided which requested a lumbar epidural steroid injection, facet injections, urinalysis, and Ultracet. A PR-2 dated 4/16/2015, revealed physical findings of decreased range of motion in all directions for the lumbar spine, and a positive straight leg raise test. He complained of low back pain with radiation to both legs. The treatment plan included: physical therapy, lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg quantity 60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment guidelines do not recommend a trial of opioids until trial and failure of non-opioid analgesics. The records provided do not demonstrate a failure of non-opioid analgesics. The records revealed the injured worker to have been prescribed muscle rub, Naproxen, and Flexeril in 2011, however there is no indication these medications had failed, or that any other medications had been trialed and failed. The records indicated that the injured worker had not been taking any medications at the time the Ultracet had been prescribed. Therefore, the request for Ultracet 37.5/325mg quantity #60 is not medically necessary.