

Case Number:	CM15-0117045		
Date Assigned:	06/25/2015	Date of Injury:	06/15/1999
Decision Date:	08/06/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Emergency 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 60-year-old female injured worker suffered an industrial injury on 6/15/1999. The diagnoses included pain, joint shoulder, degenerative joint disease shoulder and rotator cuff rupture. The diagnostics included left shoulder magnetic resonance imaging. The injured worker had been treated with medication and cortisone injection in the shoulder. On 5/18/2015, the treating provider reported the intraarticular joint injection really did not give her any relief. She had evidence of degenerative changes plus at least partial tearing but no retraction of the rotator cuff of the left shoulder. She stated it was hurting all the time and would like to proceed with surgery. There is no documentation or discussion of trials of medications or their efficacy. The documentation does not support the use of this medication. The treatment plan included Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77,78.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided did not include a comprehensive pain assessment and evaluation or findings from a physical exam. There is not documentation to support improvement of symptoms while taking this medication. The IW remains TTD. Therefore, Ultracet was not medically necessary.