

Case Number:	CM15-0124694		
Date Assigned:	07/09/2015	Date of Injury:	10/30/2013
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 30, 2013. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Ultracet. The claims administrator referenced a progress note dated May 20, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated January 24, 2015; thus, the more recent notes seemingly made available to the claims administrator were not incorporated into the IMR packet. In a December 22, 2014 neurology consultation, it was acknowledged that the applicant had not returned to any form of work, despite ongoing usage of Ultracet. The applicant reported multifocal complaints of neck and shoulder pain with derivative complaints of headaches, anxiety, and depression. Ultracet was renewed on this date

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on a historical progress note of December 22, 2014, despite ongoing usage of Ultracet. The applicant had not returned to any work activities, it was noted on that date. The applicant was asked to continue Ultracet on December 22, 2014, without any seeming discussion of medication efficacy. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultracet usage. While it is acknowledged that the May 2015 progress notes seemingly made available to the claims administrator were not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.