

<b>Case Number:</b>	CM15-0125674		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 54-year-old female, who sustained an industrial injury on 03/11/2012. She has reported subsequent bilateral shoulder and neck pain and was diagnosed with bilateral rotator cuff tears, right impingement syndrome and rule out cervical radiculopathy. Treatment to date has included medication, physical therapy and surgery. Ultracet was documented as being prescribed since at least 01/28/2015 and Tylenol #4 was noted as being prescribed since at least 04/06/2015. The most recent progress notes do not document the severity of the injured worker's pain. In a progress note dated 05/18/2015, the injured worker complained of continued bilateral shoulder pain. Objective findings were notable for limited range of motion of the bilateral shoulders. Work status was documented as temporarily totally disabled. A request for authorization of Ultracet #30 and Tylenol #4 with Codeine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 93-94, 78-80.

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

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Ultracet was documented as being prescribed since at least 01/28/2015. There was no documentation as to the severity of pain, duration of pain relief after taking Ultracet, least reported pain and average pain nor was there any documentation of a change in work status or improvement in ability to perform daily activities. There was no evidence of a significant reduction in pain with usage of Ultracet. There was also no evidence of monitoring for potential drug misuse/dependence. In addition, there was no dosage or frequency for Ultracet listed on the progress note or on the request for authorization. The documentation submitted does not establish the medical necessity of the requested medication. Therefore, the request for Ultracet is not medically necessity.

**Tylenol #4 with Codeine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 92, 78-80, 124.

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

**Decision rationale:** The medication requested for this patient is Tylenol #4 with Codeine. This medication was documented as being prescribed since at least 04/06/2015. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. There was no documentation as to the severity of pain, duration of pain relief after taking Tylenol #4, least reported pain and average pain nor was there any documentation of a change in work status or improvement in ability to perform daily activities. There was no evidence of a significant reduction in pain with usage of Tylenol #4. There was also no evidence of monitoring for potential drug misuse/dependence. In addition, there was no dosage or frequency for Tylenol #4 with Codeine listed on the progress note or on the request for authorization. The documentation submitted does not establish the medical necessity of the requested medication. Therefore, the request for Tylenol #4 with Codeine is not medically necessity.