

Case Number:	CM15-0128316		
Date Assigned:	07/15/2015	Date of Injury:	09/15/2013
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on September 15, 2013. He reported an injury to his right shoulder and his neck. Treatment to date has included MRI of the cervical spine, MRI of the right shoulder, right shoulder arthroscopic surgery, physical therapy, medications, and chiropractic therapy. Currently, the injured worker is status post right shoulder arthroscopy on March 17, 2015 and uses a sling for shoulder support. He is attending physical therapy. He reports that using Norco and Ultracet decrease his pain level from a 6 on a 10-point scale to a 3 on a 10-point scale. His medications allow him to be more activity. He reports that he is able to participate in physical therapy exercises and complete activities of daily living such as personal hygiene, cooking and light household chores. He reports that Ultracet allows him to sleep better. On physical examination the injured worker has limited range of motion of the right shoulder. The diagnoses associated with the request include neck pain, right shoulder pain and status post right shoulder arthroscopic surgery. The treatment plan includes continuation of Norco and Ultracet, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 every night #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". The documentation submitted for review indicates that the use of this medication reduced the injured worker's pain from 6/10 to 3/10. It was also noted that it allowed him to be more active and continue his PT exercises. He reported that he was able to take care of his personal hygiene without assistance, cook simple meals, and take care of household chores. The documentation submitted for review indicated that UDS was performed on 11/11/14 and was consistent for review; however, the report was not available for review. While the request might be for acute postoperative pain, as it is for 4 month supply, it does not allow for timely reassessment of medication efficacy. The request cannot be affirmed and is not medically necessary. It should be noted that the UR physician has certified a modification of the request for #15 with no refills to allow weaning.