

Case Number:	CM15-0172427		
Date Assigned:	09/14/2015	Date of Injury:	09/06/2011
Decision Date:	11/12/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 9-6-11. The injured worker reported pain in the neck and low back with radiation to the right upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for cervicgia, sprains and strains of neck, carpal tunnel syndrome and spasm of muscle. Medical records dated 7-10-15 indicates rated at 2 out of 10. Provider documentation dated 8-10-15 noted the work status as permanent and stationary. Treatment has included transcutaneous electrical nerve stimulation unit, warm compresses, balance ball, Ultracet since at least February of 2015, Cyclobenzaprine since at least February of 2015, status post left hand carpal tunnel release and left elbow cubital tunnel release (September 2010), status post right elbow cubital tunnel release (February 2011), lumbar spine magnetic resonance imaging (March 2013), magnetic resonance imaging cervical spine (12-7-11), electromyography and nerve conduction velocity study (9-24-12), and left elbow magnetic resonance imaging (5-5-09). Objective findings dated 7-10-15 were notable for restricted cervical range of motion, tenderness to paravertebral muscles with spasm noted on the right side, lumbar spine with restricted range of motion, lumbar paravertebral muscles with spasm and tight muscle band on the left side. The original utilization review (8-18-15) denied a request for Ultracet 37.5 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.