

Case Number:	CM15-0174051		
Date Assigned:	09/15/2015	Date of Injury:	12/18/2013
Decision Date:	10/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 55-year-old who has filed a claim for chronic shoulder, neck, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of December 18, 2013. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for Ultracet. The claims administrator referenced an RFA form dated July 13, 2015 and June 21, 2015 in its determination. The applicant's attorney subsequently appealed. On January 19, 2015, the attending provider acknowledged that the applicant was not working. The applicant was using a variety of medications, including Ultracet. The applicant had comorbidities, including diabetes, it was acknowledged. The applicant was kept off of work, on total temporary disability. On June 23, 2015, the applicant reported ongoing complaints of shoulder, upper extremity, low back, knee, and hip pain. The applicant was reportedly using Tylenol No. 3, Naprosyn, and Ultracet, it was reported. 7/10 pain complaints were reported. Ultracet and Terocin were prescribed and dispensed, it was acknowledged toward the bottom of the report, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids for chronic pain.

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

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 remained off of work, on total temporary disability, it was reported on the June 25, 2015 office visit at issue. The applicant had reportedly been using Ultracet as early as January 19, 2015, it was acknowledged above. Pain complaints as high as 7/10 was reported on June 25, 2015. The applicant was having difficulty performing activities of daily living as basic as sitting, it was acknowledged on that date. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Ultracet usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.