

Case Number:	CM15-0177754		
Date Assigned:	09/18/2015	Date of Injury:	06/24/2013
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 57 year old male, who sustained an industrial injury on June 24, 2013. He reported neck pain, left shoulder pain and left elbow pain. The injured worker was diagnosed as having impingement syndrome and bicipital tendonitis along the shoulder on the left, status post decompression, distal clavicle excision, debridement of the labrum, tear per magnetic resonance imaging (MRI), glenohumeral arthritis, status post multiple injections before surgery and after, biceps tendon avulsion from the elbow noted by MRI and brachial plexus irritation for which MRI of the neck has been approved and nerve studies have been approved. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left shoulder, multiple injections, chiropractic care, neck traction with air bladder, neck pillow, medications and work restrictions. Currently, the injured worker continues to report neck pain, left shoulder pain and left elbow pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 21, 2015, revealed continued pain as noted. It was noted electrodiagnostic studies were "relatively normal". It was also noted he was doing well with his medications and they did not make him drowsy although he noted short acting relief was more effective. It was noted he continued to work as tolerated. Medications were continued including Ultracet. Evaluation on July 2, 2015, revealed continued pain as noted. He reported compensatory right shoulder pain. He noted continuing to work however noted his restrictions were not often honored. A hot and cold wrap was provided. It was noted he may have a neck injection the following week. Medications were continued. It was noted he was not taking

Remeron secondary to drowsiness. The RFA included a request for Retrospective Ultracet tablet 37.5/325mg #60 (unspecified DOS) and was non-certified on the utilization review (UR) on September 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet tablet 37.5/325mg #60 (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015)- Online Version.

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

Decision rationale: The patient presents with left shoulder, left elbow, and left forearm pain rated 6/10. It radiates to the neck. The request is for retrospective Ultracet tablet 37.5/325MG #60 (unspecified DOS). The request for authorization is dated 07/16/15. The patient is status post left shoulder arthroscopy, 11/18/13. MRI of the cervical spine, 03/26/15, shows 3 mm right paracentral / right foraminal protrusion which indents the right side of the spinal cord, encroaches on the right C7 nerve root, and causes severe right neural foraminal narrowing at the C6-C7 level. MRI of the right shoulder, 08/03/15, shows tear of the anterosuperior, posterosuperior, and anteroinferior portions of the right glenoid labrum. Physical examination of the cervical spine reveals range of motion is restricted. Tenderness is noted on the left side of paravertebral muscles. Spinous process tenderness is noted on C6 and C7. Tenderness is noted at the paracervical muscles and trapezius. Exam of shoulders reveals range of motion is restricted due to pain. Hawk's, Neer, and Shoulder crossover tests are positive. Tenderness is noted in the acromioclavicular joint and greater tubercle of humerus. Patient's medical treatments include surgery, nerve blocks, physical therapy, chiropractic therapy, exercise, use of a TENS unit, and the application of ice, which have provided no relief. Patient's medications include Advil, Naproxen Sodium, Pantoprazole, and Ultracet. Per progress report dated 07/08/15, the patient is on modified duty. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information

and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Ultracet since at least 04/21/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultracet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Ultracet. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS was performed on 07/08/15 and CURES review was documented. In this case, treater has not discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.