

Case Number:	CM15-0075883		
Date Assigned:	04/27/2015	Date of Injury:	05/22/2003
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 63 year old male who sustained an industrial injury on 5/22/03. The injured worker reported symptoms in the shoulder. The injured worker was diagnosed as having sprain/strain of unspecified site of hip and thigh, displacement intervertebral disc without myelopathy and shoulder arthritis. Treatments to date have included physical therapy, home exercise program, nonsteroidal anti-inflammatory drugs and oral pain medication. Currently, the injured worker complains of shoulder discomfort. The plan of care was for medication prescriptions and a follow up appointment at a later date.

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 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Ultracet contains acetaminophen and tramadol. Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documented submitted fails all required documentation criteria. There is no documentation of any pain assessment, any functional improvement or any monitoring. The number of refills does not meet MTUS guideline requirement for appropriate monitoring. The requested prescription for ultracet is not supported by the provided documentation and is not medically necessary.