

<b>Case Number:</b>	CM15-0091233		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male who sustained an industrial injury on 05/06/2013. Mechanism of injury occurred when he was pulling a pole out of the ground and felt a sharp pain in his neck radiating to the right biceps. Diagnoses include status post rotator cuff repair on 01/24/2014, non-traumatic rupture of the biceps tendon, shoulder joint pain, and sprain/strain rotator cuff status post new injury about 10/16/2014. Treatment to date has included diagnostic studies, medications, physical therapy, and a home exercise program. Magnetic Resonance Imaging of the right shoulder done on 03/26/2015 reveals postsurgical change of the lesser tuberosity with diminished appearance of the long head of the biceps tendon and non-visualization of intraarticular portion of the biceps likely representing tear of the long head, moderate degenerative changes of the acromioclavicular joint with hypertrophic change and inferior projection osteophyte causing impingement over the supraspinatus with a full thickness 4mm tear of the myotendinous junction of the supraspinatus, partial thickness articular surface tear of the supraspinatus and infraspinatus in the foot print. There is intrasubstance lamellate tear of the mid bundle of the subscapularis, and degenerative tear of the labrum likely due to degenerative changes. A physician progress note dated 04/07/2015 documents the injured worker has pain of the neck radiating to the shoulders. The pain is an aching of the right side of the neck, right shoulder and right upper arm. He also has numbness of the right upper arm, and cramping of the right arm and hand. He rates his pain as 7 out of 10. He has difficulty sleeping, walking and sitting due to pain in the neck, right shoulder and right arm. On examination there is tenderness to the right paravertebral muscles and trapezius. Cervical range of motion is

restricted. There is tenderness of the right shoulder in the supraspinatus, acromioclavicular joint, and biceps tendon groove. Right shoulder range of motion is restricted. Hawkins and Neer's test of the right shoulder are positive. He has diffuse pain in the right upper extremity and examination shows diminished sensation in the C7 nerve root. The treatment plan includes an Electromyography and Nerve Conduction Velocity of the right upper extremity to evaluate for peripheral neuropathy versus cervical radiculopathy, and Ultracet for pain, to reduce symptoms. Treatment requested is for Ultracet 37.5mg 1 every 4-6 hours, #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5mg 1 every 4-6 hours, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in May 2013 and continues to be treated for neck pain radiating to the shoulders. He was seen by the requesting provider for an initial evaluation. When seen, pain was rated at 7/10. He was having difficulty due to neck, right shoulder, and right arm pain. He had undergone a rotator cuff repair in January 2014. He was not taking any pain medications. Physical examination findings included cervical spine tenderness with decreased range of motion. There was decreased shoulder range of motion with the right side more effective and impingement testing was positive. Ultracet was prescribed at a total (MED (morphine equivalent dose) of 15 mg per day. Ultracet (tramadol/acetaminophen) is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when using the right upper extremity. Ultracet was prescribed as part of the claimant's initial management when he was having ongoing pain after right shoulder surgery. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Ultracet is medically necessary.