

Case Number:	CM15-0098733		
Date Assigned:	06/01/2015	Date of Injury:	07/16/2013
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 43 year old female, who sustained an industrial injury on 7/16/2013. She reported an automotive and developing pain in the neck, upper back, bilateral upper extremities, and low back. Diagnoses include cervical sprain/strain, cervical radiculopathy, left shoulder sprain/strain and right wrist sprain/strain. Treatments to date include anti-inflammatory, chiropractic therapy and acupuncture. Currently, she complained of pain in the neck, left shoulder, right wrist and low back. On 4/22/15, the physical examination documented tenderness with palpation to cervical spine, left shoulder muscles, and right wrist. There was a positive Neer test. The plan of care included initiating Ultracet #90 and Relafen 500mg #60. The appeal request is for Ultracet #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (Rx 04/22/15) Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81, 83, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain Page(s): 60.

Decision rationale: The claimant sustained a work injury in July 2013. She continues to be treated for neck, low back, right wrist, and left shoulder pain. When seen, she was having increasing symptoms. Physical examination findings included cervical spine, shoulder, and wrist tenderness. Relafen and Ultracet were prescribed. Prior treatments had included physical therapy. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Ultracet (tramadol/acetaminophen) is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, it was prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day consistent with guideline recommendations, Relafen was also prescribed. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple medications, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit was due to a particular medication. Therefore, the prescribing of Ultracet was not medically necessary.