MAXIMUS Federal Services

Case Number:	CM14-0144986		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2012
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male who reported injury on 07/17/2012. The diagnosis was joint pain, pelvis. Diagnostic studies included x-rays and MRIs. The mechanism of injury was the injured worker was attempted to empty a trash bin when he fell to the ground. Prior therapies included physical therapy and a TENS unit. The injured worker's medication history included Norco as of 01/09/2013. The injured worker was noted to undergo urine drug screens. The documentation of 08/04/2014 revealed the injured worker had low back, right hip, and bilateral foot pain. Surgical history was stated to be none. The injured worker indicated his pain level before medications was 9/10, and with medications, it went down to 5/10. With medications, the injured worker was able to stand and walk for longer periods of time, enabling him to carry out activities of daily living, such as cooking, cleaning, laundering, self hygiene, light household chores, and walking for exercise. The injured worker had no side effects other than mild GI upset, which Prilosec helped when it occurred. The injured worker had a signed pain agreement on file, and participated in random urine drug screens. The injured worker was not requesting early refills or reporting lost or stolen medications. The injured worker's medications included Norco 10/325 mg; Ultracet 37.5 mg per 325, 1 or 2 a day; Relafen 750 mg by mouth twice a day; Prilosec 20 mg a day; and amitriptyline 10 mg, 1 to 2 at night. The physician documented the objective findings revealed no significant change. The diagnosis included chronic right groin pain, MRI of the lumbar spine 10/15/2012 showing mild spondylosis with facet arthritic changes at L4-5, but no disc herniation or stenosis. MRI of the cervical spine 10/15/2012, no evidence of cord contusion, bone bruise, or ligamentous injury. MRI of the thoracic normal 10/15/2012, and bilateral foot pain normal MRI of the left forefoot. The treatment plan included a random urine drug screen and a 1 month refill of medications, including Norco 10/325 #30, Ultracet 37.5/325

#60, Relafen 750 #60, and Prilosec 20 mg #30. The documentation indicated the injured worker had been authorized for right hip arthroscopic surgery. There was a Request for Authorization submitted for the requested medication. The documentation of 07/07/2014 revealed objective findings of the injured worker was walking with good strength in the bilateral lower extremities and good balance. The range of motion of the right hip joint increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Chronic pain, , ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker is being monitored for side effects and aberrant drug behavior. The clinical documentation submitted for review indicated the injured worker had utilized the medication since early 2013. There was documentation meeting the above criteria. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet 37.5 mg #60 is not medically necessary.