

Case Number:	CM13-0061467		
Date Assigned:	12/30/2013	Date of Injury:	07/04/2008
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 07/04/2008. The injured worker was reportedly working in a tight space when he twisted his knee. The current diagnoses include status post right carpal tunnel release, right anterior wrist puncture injury, possible rheumatoid arthritis, depression, and insomnia. The injured worker was evaluated on 12/03/2013. The injured worker reported persistent 8/10 pain. Physical examination revealed tenderness throughout the left shoulder, full range of motion, mild crepitus, and tenderness at the right hand and right lower extremity. The treatment recommendations included continuation of current medication including Ultracet 37.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG #120 (DISPENSED:11/13/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, OPIOIDS, SPECIFIC DRUG LIST , (TRAMADOL/ACETAMINOPHEN, ULTRACET),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioids analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted for review, the injured worker was issued a prescription for Ultracet 37.5/325 mg in 07/2013. Despite ongoing use of this medication, the injured worker continues to report 6/10 pain with medication. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.