

Case Number:	CM13-0072001		
Date Assigned:	01/08/2014	Date of Injury:	06/05/2005
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 reported an injury on 06/05/2005 secondary to an unknown mechanism of injury. She underwent a right carpal tunnel surgery on 04/18/2007 and a left carpal tunnel release on 07/09/2009 according to a clinical note submitted at the time of the request. The injured worker was evaluated on 11/19/2013 and reported 7/10 pain in the bilateral shoulders and scapula, neck with radiation to the left upper extremity, and bilateral wrists and hands with numbness. She also reported intermittent stomach upset due to pain medication. On physical exam, she was noted to have positive Tinel's signs and compression tests in the wrists bilaterally with decreased sensation in the hands bilaterally. She was noted to have a negative impingement sign and normal range of motion of the shoulders. She was also noted to have a positive Spurling's sign on the left side and decreased active range of motion of the cervical spine. Medications were noted to include Ketoprofen, Ultracet, Prilosec, and Voltaren gel. A request for authorization was submitted on 11/27/2013 for Ultracet #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The request for Ultracet #90 is non-certified. Ultracet contains Acetaminophen and Tramadol. Tramadol is a synthetic opioid. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The documentation submitted for review indicates that the injured worker has used Ultracet since at least 03/13/2013. There is a lack of documented evidence to indicate quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. Additionally, there is no documentation of a recent urine drug screen to monitor for potentially aberrant drug-related behavior. Also, the injured worker reported having stomach irritation with the pain medication. Therefore, the criteria for ongoing opioid use has not been met. Furthermore, the request as written does not include a dosage or frequency and therefore does not allow for timely reassessment of the criteria needed for ongoing opioid use. Therefore, the request for Ultracet #90 is not medically necessary and appropriate.