

Case Number:	CM14-0015579		
Date Assigned:	02/28/2014	Date of Injury:	04/26/2012
Decision Date:	07/02/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] housekeeper who has filed a claim for chronic foot, toe, and ankle pain with derivative reflux and psychological stress reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; an ankle support; and the apparent imposition of permanent work restrictions. In an earlier medical-legal evaluation dated August 6, 2013, the applicant was given a 2% whole-person impairment rating. The applicant was described as ibuprofen at that point in time. In a progress note dated December 18, 2013, the applicant was described as reporting persistent foot and ankle pain. The applicant was having issues with gastric distress due to medications, presumably NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET PRN PAIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 94, 113.

Decision rationale: Ultracet is a derivative of Tramadol (Tramadol-acetaminophen). As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is indicated in the treatment of moderate-to-severe pain, as is present here. The applicant is having ongoing issues with persistent foot and ankle pain. The applicant apparently visited the emergency department on one occasion and continued to wear an ankle brace. A trial of Ultracet was therefore indicated and appropriate. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does state that Tramadol should not be employed as a first-line analgesic, in this case, the applicant had apparently earlier used ibuprofen but had developed earlier issues with adverse medication effect, namely dyspepsia, with ibuprofen usage. A trial of Ultracet was therefore indicated and appropriate. Accordingly, the request for Ultracet PRN Pain is medically necessary and appropriate.