

Case Number:	CM14-0142041		
Date Assigned:	09/10/2014	Date of Injury:	07/05/2010
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 and 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 is a 51-year-old female who reported an injury on 07/05/2010 while trying to open a metal drawer which was stuck and difficult to open, the injured worker pulled hard and the drawer came back fast and scraped across the top of her right foot. The injured worker tried to elevate the foot on a trashcan; after elevating the foot for 3 to 4 hours she attempted to get back up and something popped in her right knee. The medical records were reviewed. The diagnoses included lumbar degenerative disc disease, foot pain, pain to the lower leg joint, sacroiliitis, sacroiliac pain and dizziness and giddiness. Prior treatments included epidural steroid injections to the lumbar spine and medications. The medications included Trazodone, Protonix, Butrans, Lyrica, Effexor and Ultram. The injured worker rated her pain without medication a 9/10 using the VAS. The objective findings dated 07/23/2014 of the right foot revealed: callosity; hammer toe deformity; swelling and dry skin; painful movements with inversion beyond 5 degrees, exertion 5 degrees; flexion at the metatarsal phalangeal joint of the first toe beyond degree extension; tenderness to palpation was noted over the first metatarsal and tenderness to the Achilles tendon with a dorsiflexion improved with plantar flexion; tenderness localized across the dorsum of the right foot; lateral aspect across the lateral malleolus; tenderness to light touch across the big toe and in between the first digit; no edema present. Motor examination of the right ankle dorsal flexors was 4/5. The treatment plan included epidural steroid injections, physical therapy, and Ultracet. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5-325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Ultracet 37.5-325 #60 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The clinical notes revealed that the injured worker has been prescribed the Ultram on 03/15/2014. The guidelines recommend for short term use. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request did not address the frequency. As such, the request is not medically necessary.