

Case Number:	CM14-0154410		
Date Assigned:	10/06/2014	Date of Injury:	04/24/2003
Decision Date:	11/12/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 04/24/03. Based on the 07/22/14 progress report provided by [REDACTED] the patient complains of neck, shoulder and arm pain. Physical examination reveals tenderness to rotator cuff, lateral epicondyle and distal radial ulnar junction. Patient continues to work to tolerance and takes medications as needed. Norco and Ultram were prescribed in progress report dated 03/04/14. Prescription for Ultracet is being initiated on progress report dated 07/22/14. Diagnosis 07/22/14- status post right lateral epicondylectomy- status post cubital tunnel release 06/18/13- status post right medial epicondylectomy- right shoulder impingement- right shoulder tendinitis- bilateral wrist tendonitis- insomnia- gastritis [REDACTED]. [REDACTED] is requesting Ultracet 37.5/325mg #120. The utilization review determination being challenged is dated 08/22/14. The rationale is "the 4As have not been met..." [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/14 - 07/22/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63,78,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89; 76-78.

Decision rationale: The patient presents with neck, shoulder and arm pain. The request is for Ultracet 37.5/325mg #120. She is status post right lateral epicondylectomy, right medial epicondylectomy and cubital tunnel release. Her diagnosis dated 07/22/14 includes right shoulder impingement, right shoulder tendinitis and bilateral wrist tendonitis. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Ultram has been prescribed in progress report dated 03/04/14 along with Norco. In this case, while treater provides a general statement that patient is "working full duty to tolerance," and takes medications as needed, he does not document how Ultram reduces pain and there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior. It appears Ultracet is being initiated, per progress report 07/22/14 for tapering Ultram, however treater has not discussed reason for switching to Ultracet. They are similar medication and the treater does not explain what is to be gained by switching to Ultracet which just contains additional Tylenol, something available over the counter. Given the lack of documentation as required by MTUS, Ultracet 37.5/325mg #120 is not medically necessary and appropriate.