

Case Number:	CM14-0159912		
Date Assigned:	10/03/2014	Date of Injury:	03/04/2002
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This patient is a 57 year old female who developed chronic right upper extremity problems subsequent to a lifting injury on 3/4/02. She was treated with right elbow surgery that consisted of lateral epicondyle surgery and ulnar chondroplasty. Subsequent to the surgery she developed a radical nerve neuropathy. She is treated with oral analgesics which includes Ultracet for the greater that the past 5 years. The agreed medical examiner (AME) evaluator recommended oral analgesics for pain. The treating physician has provided an appeal stating that the Ultracet helps her pain and assists in activities of daily living (ADL's). No other specifics are provided. The treating physician narratives from the past few years are not included in the material to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG. 1 P.O. TID #90 X 1 MONTH.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines support the judicious use of opioids when there is pain relief and functional improvements. On

appeal the treating physician provides a brief statement that these conditions have been met. There are no other recent narratives provided for review that allow for a more detailed appraisal of these statements. With the information provided, the use of Ultracet is consistent with Guidelines, the Ultracet 37.5mg TID #90 is medically necessary.