

Case Number:	CM14-0165217		
Date Assigned:	10/10/2014	Date of Injury:	09/07/1998
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 61-year-old female with a date of injury on 9/7/1998. As per the 9/2/14 report, she presented with bilateral knee discomfort rated at 9/10; sleep difficulty; gastrointestinal (GI) upset due to pain medications; left shoulder pain; low back pain with radiation to the lower extremities, right greater than left; and mid back and scapular pain, more on the left. An examination revealed decreased sensation in the right, second, third and fourth toes over the dorsum, mostly in L5 dermatome and point tenderness over the medial and lateral joint lines of the right knee with swelling. Magnetic resonance imaging (MRI) of the left knee revealed medial meniscal tear with extensive degenerative changes in the rest of the menisci and findings suggestive of medial collateral ligament (MCL) tear and soft tissue edema surrounding the joint space. She is status post left knee arthroscopic surgery. She has stopped all her medications currently as she is scheduled to undergo blepharoplasty; otherwise she is on Ultracet, Voltaren gel, Prilosec, Lisinopril, Lovaza, and Metoclopramide. She takes Ultracet for pain control and she is to alternate Ultracet with non-steroidal anti-inflammatory drugs (NSAIDs); this is extremely helpful for her knee pain and keeps her able to function and do her activities of daily living. She recently had a modified certification for Ultracet 37.5/325mg #60 on 8/21/14. Diagnoses include right knee strain, right greater than left lumbar radiculopathy, left sided thoracic strain with left scapular strain, left shoulder strain with impingement, left knee pain, insomnia due to pain and gastrointestinal (GI) upset due to pain medication. The request for Ultracet was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 78-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Tramadol is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) If the injured worker has improved functioning and decreased pain. In this case, there is documentation of improvement in pain level and function with prior use. However, the frequency of use and number of Ultracet has not been specified in the request. Therefore, the medical necessity of Ultracet (with unknown number) has not been established.