MAXIMUS Federal Services

Case Number:	CM14-0186114		
Date Assigned:	11/14/2014	Date of Injury:	02/26/2003
Decision Date:	12/22/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 63-year-old female presenting with a work-related injury on February 26, 2003. On September 30, 2014 the patient complained of a flareup of left-sided neck pain and muscle cramps. The patient requested manual traction on that as she found it helpful in the past. The pain was described as sharp, stabbing pain in left shoulder blade area. The patient had been using Voltaren gel and Tylenol as well as occasional Ultracet for severe pain. The patient reported 50% reduction in pain and a 50% improvement in function with medication. The pain was rated a 9/10, however with medication the pain is 4/10 and a 10/10 without medications. The physical exam was significant for limited range of motion of the cervical spine, cervical compression, neck pain radiating to the left shoulder blade, palpation reveals spasm left cervical paraspinal and trapezius, tenderness left elbow epicondylitis, positive closing, tenderness right subacromial and mild cognitive decision signed with mild crepitus on passive production. The patient was diagnosed with flareup of neck pain; history of cervical spondylosis, rather severe, per imaging studies, with myofascial persisting neck pain and cervicogenic headaches; bilateral shoulder girdle tendinopathy related to sprain/strain injury; history of trigger finger, right down, stable today; chronic lateral epicondylitis right elbow and history of triangular fibrocartilagenous tear in the right wrist with repetitive use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Page(s): 83.

Decision rationale: Ultracet is combination Tramadol and Acetaminophen. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, the request is not medically necessary.