

Case Number:	CM14-0029379		
Date Assigned:	06/20/2014	Date of Injury:	09/14/2009
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 claimant is a 60-year-old male who sustained an injury on 09/14/09 while picking up heavy objects. The claimant slipped and fell striking his neck and head on cabinets. Prior treatment included cervical fusion in August of 2010, which provided minimal benefits. Prior medication use included tramadol. The claimant was being followed by treating physician for pain management. Transcutaneous Electrical Nerve Stimulation (TENS) unit was previously utilized which provided benefits. Medications prescribed by treating physician included Ultracet 37.5/325mg. The claimant reported no side effects with the use of this medication. Prior physical therapy was also completed by the claimant. There was an office visit on 12/30/13. Per the record, the symptoms remained unchanged. The claimant was compliant with performing a home exercise program. Transcutaneous Electrical Nerve Stimulation (TENS) unit was still being utilized on an as needed basis. Physical examination noted loss of cervical range of motion. The report was somewhat incomplete as pages three and four were missing. There was a handwritten Progress report for the same date, which noted that Ultracet 37.5mg #20 was dispensed. There was no evidence of motor weakness and equivocal Spurling sign. Hoffman signs were negative. The retrospective prescription for Ultracet 37.5/325mg #30 was denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracet 37.5/325 mg (dispensed 12/30/2013) QUANTITY:30:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. MTUS Guidelines recommend that there be ongoing assessments to establish functional benefits and pain reduction obtained with the continued use of this type of analgesic. The clinical documentation submitted for review did not clearly identify any ongoing functional benefits or pain reduction obtained with continuing use of tramadol that would have supported its ongoing use. Therefore, the retrospective request for Ultracet 37.5/.25 mg, dispensed on 12/30/2013, quantity 30 is not medically necessary and appropriate.