

Case Number:	CM14-0071625		
Date Assigned:	07/16/2014	Date of Injury:	04/11/2012
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 65-year-old female who reported an injury on 04/11/2012 while working as a janitor she slipped and fell, causing an injury. The injured worker had a history of lower back and left knee pain and that radiated to the left lower extremity. The injured worker had a diagnoses of bilateral wrist sprain, myoligamentous strain of the lumbar spine, chronic left patellar tendinosis, patellofemoral malalignment, residual muscle weakness, and atrophy to the left leg. The past surgeries included a status post left knee partial inferior pole patellectomy with reattachment of the patellar tendon dated 04/18/2012. The past treatments included H-wave machine, medication, and injections to the knee. The medication included Ultram and a transdermal cream. The objective findings dated 04/21/2014 revealed decreased range of motion to bilateral wrists with tenderness, decreased range of motion to the lumbar spine with tenderness, and decreased range of motion to the left knee with tenderness. The treatment plan was for a left knee brace. The Request for Authorization dated 09/23/2013 was submitted with documentation. The rationale for the Ultram was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids, Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 75, 93-94. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 18th Edition, 2013, Pain Chapter; Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use & On-going management page 76-78 Page(s): 76-78.

Decision rationale: The request for a prescription of Ultracet 37.5 mg is found to be medically not necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should be performed including current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Per the documentation the injured worker had decreased range of motion, however no functional deficits for review, no diagnostic submitted for review. The efficacy of the medication was not evident in the clinical notes provided. Additionally, the request does not indicate the frequency. As such, the request is not medically necessary.