

Case Number:	CM14-0201715		
Date Assigned:	12/12/2014	Date of Injury:	06/09/2012
Decision Date:	01/29/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice and is licensed to practice in New Jersey. 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 58 year old female sustained a work related injury on 06/09/2012. The mechanism of injury was not made known. According to an Agreed Medical Evaluation dated 05/23/2014, the injured worker's present complaints included neck pain and left shoulder pain which varied in intensity and was always present, left shoulder burning sensation and tightness present always and varying in intensity, left elbow pain present always with pain radiating to the left arm and shoulder and varied in intensity, left and right hand and wrist pain present always and varied in intensity, low back pain that was present all of the time with pain radiating to the left leg and toes which varied in intensity, left knee and right knee pain that was always present and varied in intensity, constant headaches varying in intensity, swelling, locking and cramping in all of the toes of the left foot and left ankle pain and swelling. Her medication regimen included Lorazepam, Citalopram HCL, Gabapentin, Omeprazole, Ranitidine and Gaviscon. According to the provider, although the injured worker may be having a subjective increase in pain, there was no objective evidence of any change in her condition. As of the most recent progress report submitted for review and dated 08/07/2014 the injured worker had a foreign body, a needle, in the plantar aspect of the left foot. The wound was clean and dry. She still had focal tenderness. She reported that she had moderate drainage which was slowly improved being on oral antibiotics. She was referred by her primary care physician to a podiatrist on a nonindustrial basis to have the needle removed. Objective findings included focal tenderness along the medical joint line of her left knee. Range of motion was from 5 to 120 degrees flexion with a positive McMurray's test at the end of terminal flexion. The medical collateral, anterior cruciate and later collateral ligaments were intact to varus, valgus and anterior and posterior stress. Left ankle/foot had focal tenderness. The wound was clean and dry. Diagnoses included non-industrial foreign body in plantar aspect of the left foot, left foot and ankle moderate tenosynovitis and pain, left knee

internal derangement, left knee end-stage bicompartamental osteoarthritis, left knee macerated tear of posterior horn of medial meniscus documented by MRI; status post interarticular injection x 1 and left knee horizontal cleavage tear of lateral meniscus. X-rays of the left knee performed this day showed moderate tricompartmental osteoarthritis with mild varus deformity of the medial compartment patellofemoral joint and osteophyte formation of the lateral compartment. According to the provider, a request for authorization of a total knee arthroplasty would be done once the injured worker was off of antibiotics and there was no evidence of infection for at least four weeks following the removal of the foreign body. Disability status and medications were deferred to the primary treating physician. Laboratory testing and radiographic reports were not submitted for review. These were the only two progress reports submitted for review. On 11/25/2014, Utilization Review non-certified Ultracet 37.5/325mg #60 by mouth every 6-7 hours with 1 refill that was requested on 11/18/2014. According to the Utilization Review physician, guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition; there has not been recent evidence provided of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities with ongoing UDS and CURE reports to monitor for aberrancy; and reports of intolerance to oral agents. The medication was considered not medically necessary but due to the nature of the drug weaning was recommended. MTUS Chronic Pain Treatment Guidelines 07/18/2009 pages 93-94 & 113 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 #60 PO Q6-7h: 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The chart does not provide any documentation of improvement in pain and function with the use of Ultracet. There are no documented urine drug screens or drug contracts, or long-term goals for treatment as required by MTUS. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of this opioid, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Ultracet outweigh the benefits. The request is considered not medically necessary.