

Case Number:	CM15-0101972		
Date Assigned:	07/14/2015	Date of Injury:	10/03/2003
Decision Date:	09/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 64 year old female, who sustained an industrial injury on 10/03/2003. She has reported subsequent bilateral hand, neck and shoulder pain with numbness and tingling and was diagnosed with carpal tunnel syndrome, cubital tunnel syndrome and myofascial pain syndrome. Treatment to date has included medication, Kenalog injection and surgery. Ultracet was prescribed to the injured worker as far back as 10/09/2014. X-ray of the right shoulder on 03/26/2015 showed mild osteoarthritis and subacromial arch narrowing and x-ray of the cervical spine on the same date showed lower cervical moderate spondylosis. In a progress note dated 04/23/2015, the injured worker complained of pain and numbness in the hands, back, neck, bilateral shoulder and right leg pain. The severity of pain was not rated. Objective findings were notable for several trigger points and muscular tightness of the neck, pain with range of motion and crepitance and popping with range of motion, loss of grip strength bilaterally, positive Tinel's sign and swelling of the hands. The injured worker's occupation was listed as dietary aide, housekeeping, laundry but work status is not discussed in the most recent progress notes. A request for authorization of Ultracet 37.5/325 mg #90 with 1 refill was submitted.

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 #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Ultracet was documented as being prescribed since at least 10/09/2014. There was no documentation as to the severity of pain, duration of pain relief after taking Ultracet, least reported pain and average pain nor was there any documentation of a change in work status or improvement in ability to perform daily activities. There was no evidence of a significant reduction in pain with usage of Ultracet. There was also no evidence of monitoring for potential drug misuse/dependence. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for Ultracet is not medically necessary.