

Case Number:	CM15-0145800		
Date Assigned:	08/06/2015	Date of Injury:	06/11/2013
Decision Date:	09/03/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29-year-old female who sustained an industrial injury on June 11, 2013. A recent primary treating office visit dated July 14, 2015 reported subjective complaints of ongoing left ankle and low back pains. The low back pain occurs daily and she utilizes a cane to ambulate. She states that on July 11th, the Saturday previous, she was standing in the bedroom opening the closet door when she heard a loud pop in the right knee resulting in her falling to the floor. In addition, she is in need of refills Naprosyn, and Ultracet (no Voltaren gel). The following diagnoses were applied: chronic left foot medial ankle pain, status post ligament repair surgery, January 2014, low back pain, myofascial pain. Of note, she is considered as permanent and stationary regarding the ankle. She is to follow up regarding the right knee injury. She is prescribed a modified work duty but is not working at that time. At the follow up visit dated July 21, 2015 subjective complaint was: developing some back pain as a result of using a cane. There is mention of Lidoderm patches not being addressed in a medical review. The following diagnoses were applied: tibialis tendonitis, left; tarsal tunnel syndrome, left; sprain of ankle, unspecified, left; left posterior tibial tendonitis; left tarsal tunnel syndrome; left ankle eversion sprain, deltoid ligament; status post left ankle arthroscopy, tarsal tunnel release, posterior tibial tendon repair. There is recommendation for prescribing Lyrica for trial with possibility of Lidoderm patches in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the careful use of opioids if there are meaningful improvements in pain, functional support (with rare exceptions) and a lack of drug related aberrant behaviors. This individual has trialed other opioids and discontinued them due to lack of benefit. Ultracet was recently instituted, but availability has been sporadic and she has a new injury to her knee. When she utilizes the Ultracet she is reported to have about a 50% improvement in pain, but limitations are noted due to a recent knee injury. The Guidelines allow for a rare exception regarding functional measures and this individual meets criteria for an exception at this point in time due to a new recent injury. Under these circumstances, it would be consistent with Guidelines to continue the Ultracet without interruptions for a few more months and if there was little evidence of functional support a re-review may be warranted. The Ultracet 37.5/325mg, #60 with 2 refills is medically necessary.