

Case Number:	CM15-0146315		
Date Assigned:	08/07/2015	Date of Injury:	05/16/2011
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
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: Family Practice

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 35 year old male, who sustained an industrial injury on 5-16-11. The diagnoses have included chronic neck pain, thoracic pain, low back pain and chest wall pain. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, and other modalities. Currently, as per the physician progress note dated 6-16-15, the injured worker complains of chronic neck and back pain with numbness in the hands. He also has numbness in the neck at times and the bilateral upper extremities. He reports the pain level is 6 out of 10 on pain scale and gets as high as 8 out of 10 and comes down to 6 out of 10 with pain medications. The current medications included Gabapentin, Cymbalta, Omeprazole and Ultracet. There is no previous urine drug screen report noted in the records. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, thoracic spine and lumbar spine, X-rays of the lumbar spine, and electromyography (EMG) of the upper extremities. The objective findings reveal positive Phalen's test bilateral wrists and tenderness to palpation of the upper thoracic paraspinal muscles. The physician requested treatment included Retro Ultracet 37.5-325mg #60 DOS 06-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultracet 37.5/325mg #60 DOS 06/16/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck, thoracic and low back pain. This relates back to an industrial injury on 05/16/2011. This review addresses a request for refills of Ultracet 37.5/325 mg. This patient's medical diagnoses include neck and thoracic back strain, plus lumbago. The patient has been prescribed Gabapentin, Cymbalta, Omeprazole, and Ultracet. On physical exam there is tenderness of the parathoracic muscles. There was a positive Phalen's test on both wrists and negative Tinnel's signs. Ultracet contains Tramadol 37.5 mg. Tramadol is an opioid-like medication. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Ultracet is not medically indicated.