

<b>Case Number:</b>	CM15-0164527		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 33 year old male, who sustained an industrial injury on 4-24-2014. The current diagnoses are repetitive trauma disorder of the bilateral upper extremities, worse on the right side and probable carpal tunnel syndrome, despite negative electrodiagnostic studies on the right hand. According to the progress report dated 7-29-2015, the injured worker complains of left wrist pain. Per notes, the medications are having a satisfactory response. It is decreasing the pain levels and allowing him to function through school. He notes that his pain goes from 6 out of 10 to 4 out of 10 on a subjective pain scale. The physical examination reveals tenderness over the forearm with pain with resisted wrist extension over the lateral epicondyle. Phalen's maneuver is still positive. The current medications are Ultracet, Celebrex, Relafen, and Voltaren gel. He has tried Ibuprofen in the past; however, this was causing stomach upset. There is documentation of ongoing treatment with Ultracet since at least 7-1-2015. Treatment to date has included medication management, activity modification, physical therapy, electrodiagnostic testing, and acupuncture. Work status: He is currently going through vocational-school training for physical therapy. His restrictions are no forceful gripping or grasping over 25 pounds bilaterally. A request for Ultracet, urine drug screen, and retrospective Celebrex (7-29-2015) has been submitted.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Opioid specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, specific drug list.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Ultracet is a combination of Acetaminophen and Tramadol. Documentation fails to demonstrate significant objective improvement in pain or level of function, to justify the ongoing use of Ultracet. There is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result. With MTUS guidelines not being met, the request for Ultracet 37.5/325mg #60 is not medically necessary.

**Retrospective request: Celebrex 200mg #30 (DOS 7/29/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation shows that the injured worker had GI upset with previous trial of Ibuprofen. With continued use of Ultracet not being approved, the recommendation for short-term trial of Celebrex is reasonable until further clinical assessment. The request for Celebrex 200mg #30 (DOS 7/29/15) is medically necessary.

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. In this case, the ongoing use of Opioids has not been supported, making urine drug testing no longer indicated. Based on CA MTUS guidelines and submitted medical records, the request for 1 urine drug screen is not medically necessary.