

Case Number:	CM15-0195938		
Date Assigned:	10/09/2015	Date of Injury:	04/04/2015
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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 56 year old male, who sustained an industrial injury on 4-4-15. The injured worker was diagnosed as having De Quervain's syndrome of the left wrist. Medical records (4-18-15 through 4-28-15) indicated left hand and thumb numbness and pain. The physical exam (4-18-15 through 4-28-15) revealed a positive Tinel's and Phalen's sign in the left wrist. As of the PR2 dated 8-31-15, the injured worker reports left thumb pain radiating into the neck. He rates his pain 5 out of 10. The treating physician noted that the injured worker has not worked since the date of injury. Objective findings include an Oswestry index of 13, a positive Finkelstein sign in the left wrist and tenderness to palpation around the radial wrist. Current medications include Relafen and Ultracet (no previous prescription found). Treatment to date has included a left hand x-ray on 4-4-15 showing no acute abnormality, a Kenalog injection on 4-28-15, Ibuprofen and Norco. The treating physician requested Ultracet 37.5-325mg #60. The Utilization Review dated 9-21-15, non-certified the request for Ultracet 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracet 37.5/325mg #60 08/31/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Ultracet is acetaminophen and tramadol, a direct MU-agonist, an opioid-like medication. As per MTUS guidelines, there has to be specific criteria to be met before initiation of opioids. There is no rationale as to why ultracet was needed. Patient is not taking any medications at baseline. Provider has prescribed relafen, an NSAID, alongside request for Ultracet. NSAIDs are considered 1st line and have not been allowed enough time to work. Criteria are not met to initialize opioids. Tramadol is not medically necessary.