

Case Number:	CM15-0198038		
Date Assigned:	10/13/2015	Date of Injury:	02/25/2013
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female who sustained an industrial injury on 2-25-13. Diagnoses are noted as carpal tunnel syndrome, other disorders joint forearm, spinal stenosis lumbar, and preoperative cardiovascular exam. In a progress report dated 8-25-15, the physician notes the injured worker reports the right hip and lower back is getting worse and that hip, leg and buttock on the right side has sharp pains going down her leg and "that she feels like she's getting stuck by needles on both wrists." Work status is: currently not working. Objective exam is reported as decreased lumbar range of motion in all direction 10-15 degrees with pain, positive straight leg raise right at 35 degrees, sensory changes-paresthesia along right L5, and motor weakness along right S1. A request for authorization dated 8-27-15, notes request for lumbar spine epidural steroid- facet injection, post operative physical therapy 3x3 and Ultracet 37.5-325mg #60. A urine toxicology screening was done 2-27-15. Previous treatment includes medication, right greater trochanteric bursa injection, MRI right hip (2013), right hip arthroscopy (6-9-15), MRI lumbar spine (2014), MRI left wrist, MRI right wrist (9-18-14), and at least 18 sessions of physical therapy. The requested treatment of Ultracet 37.5-325mg #60 was non-certified on 9-8-15.

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, Section(s): Opioids for chronic pain.

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

Decision rationale: Ultracet is composed of tramadol and acetaminophen. Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 8/25/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary and it is non-certified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.