

Case Number:	CM15-0205586		
Date Assigned:	10/22/2015	Date of Injury:	09/03/2013
Decision Date:	12/04/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male, with a reported date of injury of 09-03-2013. The diagnoses include low back pain, bilateral wrist and hand pain, and bilateral knee pain consistent with osteoarthritis. The progress report dated 10-02-2015 indicates that the injured worker presented to follow-up on low back, bilateral knee, and bilateral wrist pain. The injured worker stated that he still had benefit from the Synvisc-one injection; he was able to move around "quite a bit better". It was noted that the injured worker used Ultracet for pain control, and the medication helped bring the pain levels down from 10 out of 10 to 3 out of 10, and allowed the injured worker to stay active. The injured worker denied any side effects with the medications. The progress report dated 05-29-2015 indicates that the medications dropped the injured worker's pain levels from 9 out of 10 down to 3 out of 10 and allowed him to remain functional. The objective findings (10-02-2015) include no acute distress; good range of motion in the bilateral knees; some tenderness over the lumbar paraspinal musculature and pain with lumbar extension at the end ranges; and negative bilateral straight leg raise. There was documentation that the electrodiagnostic studies of the bilateral upper extremities in 04-2014 showed median neuropathies across the wrist as well as ulnar neuropathies across the wrist. The treating physician indicates that the injured worker was doing well with the Ultracet; and he used 1 or 2 tablets a day on an as needed basis. The injured worker's condition was noted as permanent and stationary. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Ultracet (since at least 05-2015), Synvisc-one injection in the knees, and acupuncture. The request for authorization was

dated 10-14-2015. The treating physician requested Ultracet 37.5-325mg #240. On 10-19-2015, Utilization Review (UR) modified the request for Ultracet 37.5-325mg #240 to 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:

Ultracet 37.5/325mg quantity 240: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for low back and bilateral knee and wrist pain. He underwent Synvisc injections in January 2015. In July 2015 he had stopped taking Ultracet due to lab test abnormalities. He was using over-the-counter medications. Bilateral Synvisc injections were performed. When seen in October 2015 additional lab testing had been normal. He was continuing to take Ultracet. It was decreasing pain from 10/10 to 3/10 and allowing him to remain active. He was not having any medication side effects. Physical examination findings included good knee range of motion. There was lumbar tenderness and pain with lumbar extension. Ultracet was refilled. The total MED (morphine equivalent dose) was 15 mg per day. A four month supply was provided. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Although a four month supply was provided, according to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances can be seen monthly, quarterly, or semiannually. The claimant has been stable on this medication on a long term basis. The request is medically necessary.