

Case Number:	CM15-0209013		
Date Assigned:	10/28/2015	Date of Injury:	08/10/2007
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, 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:

This is a 63 year old male patient, who sustained an industrial injury on 08-10-2007. He sustained the injury due to cumulative trauma. The diagnoses include left shoulder status post arthroscopic labral and rotator cuff debridement, subacromial decompression and Mumford procedure, left knee status post arthroscopic partial medial meniscectomy, shaving of the lateral meniscus and chondroplasty, right knee status post arthroscopic partial medial meniscectomy with chondroplasty of the medial femoral condyle and sleep disturbance secondary to pain. Per the doctor's note dated 7/7/15, he had gastritis. He had ongoing knee pain. He uses ultracet as needed. Per the doctor's note dated 09-09-2015, he had right knee pain and reported shoulder doing fairly well. Objective findings were noted as right knee revealed no effusion and received an injection during visit for pain management. Current medications were not listed on 09-09-2015. Per the note dated 7/7/15, the medications list includes omeprazole, polar frost cream, ultracet and colace. He has undergone left shoulder surgery and bilateral knee surgeries. Treatments to date included medication, injections and home exercise program. The patient was noted to be permanent and stationary. The Utilization Review (UR) was dated 09- 25-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Ultracet 50mg #120 with 2 refills was modified to Ultracet 50mg #60 (no refills) was approved and the remaining Ultracet 50mg #30 (x2 refills) has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 50mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

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

Decision rationale: Ultracet 50mg #120 with 2 refills Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic knee pain. The patient has history of left shoulder surgery and bilateral knee surgeries. There is evidence of conditions that can cause chronic pain with episodic exacerbations. In addition, per the doctor's note dated 7/7/15, he had gastritis, which may prevent him from using NSAIDs. He uses ultracet as needed. The request for Ultracet 50mg #120 with 2 refills is medically appropriate and necessary to use as prn during acute exacerbations.