

Case Number:	CM15-0212597		
Date Assigned:	11/02/2015	Date of Injury:	01/06/2015
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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: Physical Medicine & Rehabilitation

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 36 year old female who sustained an industrial injury on 01-06-2015. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder adhesive capsulitis, right lateral epicondylitis and right De Quervain's disease. According to the treating physician's progress report on 09-22-2015, the injured worker continues to experience right elbow pain. Examination demonstrated pain at the lateral epicondyle with positive Finklestein's test. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies with official report dated 08-17-2015 was included in the review and interpreted as within normal limits. Prior treatments have included diagnostic testing, right lateral epicondyle injections on 08-25-2015, first dorsal compartment injection on 06-23-2015, acupuncture therapy, physical therapy, wrist and elbow splinting, non-steroidal anti-inflammatory drugs (documented in the medical report dated 05-18-2015) and work modification. Current medications were listed as Tramadol and Flexeril according to a medical progress report on 06-23-2015. Treatment plan consists of the current request for Tramadol-Acetaminophen (Ultracet) 37.5-325mg #60. On 10-02-2015 the Utilization Review determined the request for Tramadol-Acetaminophen (Ultracet) 37.5-325mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen (Ultracet) 37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with right wrist pain rated 5-8/10. The treater has asked for Tramadol/Acetaminophen (Ultracet) 37.5/325MG #60 on 9/22/15. The request for authorization was not included in provided reports. The patient also complains of right elbow and right shoulder pain per 6/23/15 report. The patient had an unspecified right wrist injection on 6/23/15 with relief per 7/14/15 report. The patient is s/p acupuncture, which helped according to 8/25/15 report, and is s/p physical therapy with unspecified benefit per 6/23/15 report. The patient does not have a significant surgical history related to the wrist per review of reports. The patient is currently able to work without using her right hand, and was laid off since 4/24/15 because her employer will not accommodate restrictions per 6/23/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient has been taking Tramadol as early as 6/23/15 report and is currently taking Ultracet as of 9/22/15 report. MTUS requires appropriate discussion of all the 4 A's; however, in addressing the 4 A's, the treater documents the patient's difficulty in activities of daily living (such as taking a bath, opening a carton of milk, lifting a full cup to her mouth per 6/23/15 report) but does not discuss how this medication significantly improves those activities. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.