

<b>Case Number:</b>	CM15-0222040		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 26 year old female who sustained an industrial injury 01-09-14. A review of the medical records reveals the injured worker is undergoing treatment for left carpal tunnel syndrome, left cubital syndrome, and left lateral epicondylitis. Medical records (09-03-15) reveal the injured worker complains of pain and cramping in the left fingers, occasional numbness and tingling of the left fingers, tearing-ripping sensation in the left mid palm to the wrist, weakness of the left wrist and hand, difficulties gripping and grasping and lifting with the left hand, and numbness and tingling of the left shoulder with prolonged bending. The physical exam (09-03-15) reveals decreased light touch sensation in the bilateral digits in the median and ulnar nerves. Prior treatment includes unspecified medications, physical therapy, and a left elbow, hand, and wrist splint. The treating provider reports the plan of care as medications including Ultracet, Fexmid, Prilosec, and Lunesta, as well as 2 transdermal compounded creams. The original utilization review (10-16-15) non certified the request for Ultracet 37.5/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg Qty: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction, Weaning of Medications.

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

**Decision rationale:** The patient presents on 10/15/15 with unrated pain in the fingers of the left wrist and hand, pain with active motion of the left elbow, and tingling/soreness in the left shoulder with prolonged bending of the left arm or excessive driving. The patient's date of injury is 01/09/14. The request is for ULTRACET 37.5/325MG QTY: 90. The RFA was not provided. Physical examination dated 10/15/15 reveals decreased sensation in the left median and ulnar nerve distributions, positive provocative testing of the left medial carpal tunnel, pain on palpation of the left lateral epicondyle, slight tenderness of the left mobile wad, and positive ulnar provocative testing of the left cubital tunnel. The patient is currently prescribed Ultracet, Imitrex, Voltaren, Protonix, and Fexmid. Patient is currently working modified duties. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "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 4As (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, p77, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Ultracet for the management of this patient's chronic wrist pain, the treater has not provided adequate documentation of efficacy to continue its use. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Progress note date 10/15/15 does not provide documentation of analgesia via a validated scale, though does indicate that this patient has returned to work (which can be considered evidence of functional improvement). The requesting physician also indicates that urine drug screening to date has been consistent. However, the provider does not include any measures of analgesia via a validated scale, or a statement regarding a lack of aberrant behaviors. Without complete 4A's documentation as required by MTUS, the continuation of narcotic medications is not appropriate and the patient should be weaned. The request IS NOT medically necessary.