MAXIMUS Federal Services

Case Number:	CM15-0034008		
Date Assigned:	02/27/2015	Date of Injury:	12/13/1995
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 58-year-old female who sustained an industrial injury on 12/13/1995. Current diagnosis includes carpal tunnel syndrome, left. Previous treatments included medication management and braces. Report dated 02/02/2015 noted that the injured worker presented with complaints that included continued numbness, tingling, pain, weakness, and decreased grip strength in the left hand. Physical examination was positive for abnormal findings. The injured worker was previously on Duexis, but this was discontinued due to blood pressure effects. Utilization review performed on 02/12/2015 non-certified a prescription for Ultracet, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the 02/02/15 report the patient presents with pain, weakness and decreased grip strength in the left hand. She is a candidate for CTR. The current request is for UTRACET 37.5/325 #60,Tramadol, an opioid analgesic. The 02/04/15 RFA included is for #100 not the #60 of this request. The 02/12/15 utilization review states # 60 was modified to #30 by peer review. The patient is working. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trial should not be employed until the patient has failed a trial of non-opioid analgesics. The 02/02/15 report states that the patient is being started on Tramadol due to side effects with Duexis, an NSAID. Prior reports show failed trials of other NSAIDs. There is no evidence in the reports provided for review that the patient was prescribed opioids previously. The MTUS guidelines allow a therapeutic trial of opioids following a failed trial of non-opioid analgesics; however, no baseline pain and functional assessment is provided as required. In this case, the request IS NOT medically necessary.