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| Case Number: | CM15-0037313 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 11/11/2011 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 40 year old female, who sustained an industrial injury on November 11, 2011. The diagnoses have included right wrist fracture, right carpal tunnel syndrome, depression, and anxiety due to chronic pain. A progress note dated December 31, 2014 provided the injured worker complains of right wrist pain rated 3/10 with medication and 5/10 without medication. She reports she does not use pain medication on a daily basis and lab results substantiate her claim. Utilization review determination is dated January 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 twice a day as needed #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines effexor opioids Page(s): 16, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Ultracet (tramadol with acetaminophen) is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid

medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing right wrist pain. The recorded pain assessments contained most of the elements suggested by the Guidelines and described moderate benefit. In light of this supportive evidence, the current request for 120 tablets of Ultracet (tramadol with acetaminophen) 37.5/325mg to be taken twice daily as needed is medically necessary.