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| Case Number: | CM15-0049743 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 06/20/1998 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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: Arizona, 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 52-year-old female sustained an industrial injury to bilateral upper extremities on 8/28/96. Previous treatment included bilateral carpal tunnel surgery times two, left ulnar nerve and ligament surgery times four and right elbow surgery times two. In a PR-2 dated 2/24/15, the injured worker reported no new symptoms. The injured worker reported that her current medication regimen helped diminish the pain by 60-70%, allowing her to function. Current diagnoses included generalized osteoarthritis, ulnar collateral ligament sprain/strain, ulnar neuropathy and carpal tunnel syndrome. The treatment plan included renewing medications (Ultracet and Neurontin) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5-325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant had been on Ultracet (containing Tramadol) for over a year. There was no indication of a weaning trial or failure of Tylenol/NSAID use. There is mention that the pain is improved by 70% while on medication, however, the claimant's pain scale was 7/10 on a good day and 8/10 on a bad day. The continued and chronic use of Tramadol is not medically necessary.