

Case Number:	CM15-0050656		
Date Assigned:	03/24/2015	Date of Injury:	02/29/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Internal 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 male, who sustained an industrial injury on February 29, 2012. He reported neck and upper extremity pain. The injured worker was diagnosed as having right sided neck pain, cervical spine degenerative disc changes, cervical disc right sided foraminal stenosis, right upper extremity pain with right ulnar nerve transposition and exploratory of right distal biceps tendon. Treatment to date has included medications, magnetic resonance imaging, and electrodiagnostic studies. On February 24, 2015, he was seen for continued right upper extremity and shoulder pain. The treatment plan included: Ultracet, Motrin, and Ambien, random urine drug screening, and follow-up in 2 months. The request is for Ultracet 37.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand

Complaints,Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123 Page(s): 47-48, 181-183, 212-214, 40-46, 271-273.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper extremity conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and upper extremity conditions. The primary treating physician's progress report dated 2/24/15 did not document a musculoskeletal physical examination. "No significant change" was noted in the Objective Findings section of the 2/24/15 primary treating physician's progress report. Without a documented physical examination, the request for Ultracet is not supported. Therefore, the request for Ultracet is not medically necessary.