MAXIMUS Federal Services

Case Number:	CM15-0053793		
Date Assigned:	03/27/2015	Date of Injury:	10/08/2010
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female patient who sustained an industrial injury on 10/08/2010. Prior diagnostic testing to include: magnetic resonance imaging, electrodiagnostic consultation. A primary treating office visit dated 08/15/2014 reported the patient having failed conservative treatment including steroid injection, physical therapy, and medications; all with significant relief. There is a surgical procedure pending authorization. She was diagnosed with discogenic cervical condition with radicular component; impingement syndrome of right shoulder status post decompression and labral repair; some element of gastric irritation, depression, compensatory issue with left shoulder and blurred vision. The plan of care involved prescribing Norco 10/325mg #120, Xanax 0.5mg #60, Trazodone 50mg #120, Gabapentin 600mg #90, and Tramadol ER 150mg #60. Of note, she had tried Norflex which is not helpful. Discussion took place regarding weaning off Tramadol and Trazadone. The patient is not currently working. The most recent primary treating office visit provided was dated 02/02/2015 and reported the patient with subjective complaint of neck and right shoulder pain. She is diagnosed with discogenic cervical condition, impingement syndrome right shoulder, stiff shoulder due to no post-operative therapy, weight loss secondary to chronic pain and ulnar nerve neuritis, right elbow. The plan of care involved, elbow brace, pad, neck pillow, hot/cold wrap, and a transcutanous electric nerve stimulator unit, arthroscopic surgery, gastric consultation, psychiatric consultation, urinalysis and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of ULTRACET 37.5mg #60 is not medically necessary.