

Case Number:	CM15-0083024		
Date Assigned:	05/05/2015	Date of Injury:	12/20/1998
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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, North Carolina
 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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 12/20/199. He reported an injury to his right upper extremity while working as a landscaper. The injured worker is working with chronic work restrictions. The injured worker is currently diagnosed as having history of chronic regional pain syndrome of right upper extremity, history of gastritis secondary to medications, depression, status post right lateral epicondylectomy with persistent epicondylitis, status post right lateral epicondyle platelet rich plasma, right shoulder impingement, and right median neuropathy. Treatment and diagnostics to date has included right upper extremity surgery, and medications. The injured worker states benefit with symptom reduction with current use of medication. In a progress note dated 03/03/2015, the injured worker presented with complaints of upper extremity pain with constant numbness in the right hand. Objective findings included substantial loss of range of motion with significant tenderness of the right shoulder. The treating physician reported requesting authorization for retroactive Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultracet 37.5/325mg #60, DOS: 3/3/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

Decision rationale: Ultracet is a combination of Tramadol and Acetomeniphen recommended for short-term use (less than 5 days) for acute pain management. The claimant's date of surgery was 3/3/15. The CA MTUS requires documentation of an ongoing review of pain relief, functional status, appropriate medication use and side effects for patients on chronic opioid therapy. In this case, documentation submitted does not reveal functional benefit from the Ultracet. There are no pain levels documented no documentation of a urine drug screen and no signed opioid agreement. Therefore, this request is deemed not medically necessary.