

Case Number:	CM14-0120427		
Date Assigned:	08/06/2014	Date of Injury:	10/21/2010
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year-old male who sustained work-related injuries on October 21, 2010 while performing his customary duties as an order selector employed under [REDACTED]. He has a surgical history of right knee surgery performed in February 3, 2011 and another in January 16, 2012, since the first surgery was unsuccessful. He is diagnosed with: (1) right knee post medial and lateral meniscectomies; (2) chondromalacia of the right knee; (3) patellofemoral arthritis of the right knee; (4) quadriceps and hamstring weakness on the right; (5) flexion contracture of the right knee with limited flexion; (6) lumbar sprain/strain with non-verifiable radiculopathy; and (7) patellofemoral arthritis of the left knee. He is deemed as temporarily totally disabled. Medication utility as per progress report dated February 20, 2014 includes Ultracet 1 to 2 tablets by mouth as needed and Naprelan 500 mg 2 tablets every day. Physical exam findings were significant for tenderness of the lumbar paraspinals overlying the bilateral L3-S1 facet joints, restricted lumbar and knee ranges of motion in all directions, positive right knee clicking, and positive left sacroiliac provocative maneuvers. A recent progress report dated July 8, 2014 noted complaints of low back pain and right knee pain. The medication utility has not changed. Physical exam findings were significant for tenderness of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints, restricted lumbar and knee ranges of motion secondary to pain, positive right knee crepitus, and positive left sacroiliac provocative maneuvers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=Ultracet

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; Opioids for Chronic Pain Page(s): 78; 80-82.

Decision rationale: The Medical Treatment Utilization Schedule's chronic pain guidelines indicate that Tramadol is recommended as a second line treatment (alone or in combination with first-line drugs). Guidelines further indicate that this opiate medication should be monitored using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. After review of all available information as per the submitted medical records, Ultracet does not appear to be making any difference to the injured worker's pain and he has been taking this medication since at least February 2014. There is a lack of documentation indicating the specific functional effect of the medication, proper analgesic effect from the medication, and increase in the injured worker's ability to undertake activities of daily living. Additionally, there is a lack of documentation of urine drug screens to monitor medication compliance and for risk stratification. Ultracet has not been shown to provide any satisfactory response by Medical Treatment Utilization Schedule standards. Hence, it cannot be recommended to be continued. It can be concluded that the medical necessity of Ultracet 37.5/325mg 1-2 tablets every day as needed #180 with 2 refills is not medically necessary.