

Case Number:	CM14-0128338		
Date Assigned:	08/18/2014	Date of Injury:	11/11/2011
Decision Date:	10/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

40 year old female injured worker has a date of injury 11/11/11 with related right wrist pain. Per progress report dated 7/9/14, she rated her pain 3/10 with medications, 5/10 without, and towards the evening after she has done her exercises and house work, she has swelling and pain 7/10 in intensity. Treatment to date has included acupuncture, physical therapy, and medication management. The date of UR decision was 7/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (37.5mg Tramadol HCl/325 mg. Acetaminophen tablets) #120 BID for right wrist:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 (or nonadherent) drug

related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any 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." The documentation submitted for review supports the ongoing use of Ultracet. The most recent progress reports submitted for review addressed pain relief. Per progress report dated 5/14/14, it was noted that the injured worker was able to complete housework with medications; she was able to cook and do dishes, exercise and walk her kids to school. It was noted that she had no side effects. She displayed no aberrant drug-seeking behavior, and pain contract was signed. She had not been losing medications or running out early or calling in for early refills. Urine drug screens were performed routinely and consistent with prescribed medications. The request is medically necessary.