

Case Number:	CM14-0134483		
Date Assigned:	08/27/2014	Date of Injury:	05/18/2013
Decision Date:	09/30/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 61-year-old woman, with a medical history of diabetes, high cholesterol and Fibromyalgia, who sustained a work-related injury on May 18, 2013. Subsequently, she developed neck, elbow, back, and legs pain. According to a progress report dated July 31, 2014, the patient rates her pain as 7/10. The patient states she has some relief with her medications. Her medication regimen includes Amitriptyline, Atorvastatin, Desonide, Metformin, Nabumetone, Ultracet, and Paroxetine. Prior treatments included physical therapy (6 sessions without much significant relief), exercise, heat treatment and acupuncture. Examination of the cervical revealed tenderness and tight muscle band on the right side. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. All upper limb reflexes are equal and symmetric. No spinal process tenderness was noted. Examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and restricted range of motion. There was a cervical tenderness with reduced range of motion. All lower extremity reflexes are equal and symmetric. Straight leg raising test is negative. FABER test is positive. Wadell's sign is negative. Examination of the right knee revealed tenderness to palpation over the lateral joint line, medial joint line and patella. Patella apprehension test is positive. Patellar grind test is positive. McMurray's test is negative. Bounce test is negative. Examination of the left knee revealed no limitation in flexion, extension, internal rotation or external rotation. Tenderness to palpation is noted over the lateral joint line, medial joint line and patella. No joint effusion noted. Apply's compression test is negative. McMurray's test is negative. The patient was diagnosed with contusions and strains bilateral knees with possible internal derangements, lumbar strains, bilateral hand/elbow contusions and strains, and Fibromyalgia. The provider requested authorization for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg 1tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): pages - 93 - 94.

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 37.5/325 mg #60 is not medically necessary.