

Case Number:	CM14-0080237		
Date Assigned:	07/18/2014	Date of Injury:	09/12/2012
Decision Date:	09/22/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 25 year old with a work injury dated 9/12/12. The diagnoses include history of left wrist fracture with comminuted distal radial fracture with displaced fragment of the distal radius in the ulnoradial joint. He is status post open reduction internal fixation procedure with ongoing wrist pain and limited range of motion; history of chest trauma with left-sided pneumothorax without lung collapse. There was an apical pleural thickening on the left side, likely representing an extra pleural hemorrhage with pulmonary contusion with associated rib fractures of the first, second, third, and fourth ribs on the left side; history of head contusion. CT of the head revealing left periorbital soft tissue hematoma, now resolved. Under consideration is a request for Ultracet #60 (05/15/2014 - 07/21/2014). A 5/15/14 document states that he reports ongoing pain in his left wrist, difficulty trying to grip, grasp, or torque with his left upper extremity. He reports no further follow-up with regards to his orthopedic surgeon about his left upper extremity. He has been using Ultracet occasionally for severe pain and finds it helpful, no more than 1 to 2 per day. He states he has been getting some shortness of breath and sometimes chest pain, which he reports on the anterior lateral aspect of the left rib cage area where he has had a previous trauma. He occasionally gets a cough, and that makes the pain more tense. He rates his chest pain complaint about a 7/10 today. He is asking about authorization to see a lung specialist. He is currently not working. There is a primary treating physician report dated 4/17/14 that states that he has been taking Mobic for inflammation and pain, occasional Ultracet use for throbbing pain in his wrist which he does find helpful. He has been trying some exercises as learned in postoperative physical therapy to try to strengthen his left upper extremity. He states he has been having an intermittent cough. This is painful with left-sided upper lateral chest wall pain and anterior chest wall pain. He states at times he feels shortness of breath. He reports that he has

not had a productive cough, however. Hedenies any fevers or chills. .He has not been able to return to work. He rates his wrist pain complaints about a 7/10 today and reports 50% functional improvement with the medications regarding his left upper extremity complaints. On exam of the anterior chest wall reveals some tenderness over the sternoclavicular joint on the left side. There is exquisite tenderness over the first, second, third, and fourth ribs along the lateral aspect in the midline of the chest. There is no sign of ecchymoses in the chest wall. Left wrist exam revealing his incisions are clean, dry, and intact. Passive range of motion of the wrist is very painful in flexion to extension. Active range is limited in flexion to extension, as well as radial and ulnar deviation. Phalen's and Tinel's signs are negative. Finkelstein maneuver is mildly painful. He is able to fully supinate and pronate the forearm. The treatment plan included a prescription for Ultracet and Mobic. There is a 9/19/13 progress note which states that the patient presented with pain in the left anterior chest wall rated 4/10, shortness of breath, pain with deep inspiration in that area, and left wrist pain rated 8/10. The patient was given a prescription for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60 (05/15/2014 - 07/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Ultracet #60 (05/15/2014 - 07/21/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain medication has improved patient's pain to a significant degree or caused functional improvement as defined by the MTUS therefore Ultracet is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Ultracet #60 (05/15/2014 - 07/21/2014) is not medically necessary.