

Case Number:	CM15-0019725		
Date Assigned:	02/09/2015	Date of Injury:	01/19/2011
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on January 19, 2011. He has reported injury to the right elbow. The diagnoses have included persistent neck and upper extremity pain, rule out disc herniation and right lateral epicondylitis. Treatment to date has included diagnostic studies, elbow splint and medications. Currently, the injured worker complains of ongoing right upper extremity pain, along with elbow and wrist pain. He rated his pain as an 8 on a 1-10 pain scale without medications and as a 5/10 with medications. His medication is allowing him to work full time and exercise consistently. On January 9, 2015, Utilization Review modified a request for Ultracet 37.5/325mg #120 to #25, noting the CA MTUS Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of Ultracet 37.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Ultracet 37.5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are persistent neck pain and right upper extremity pain, rule out this herniation (industrially disputed); right lateral become the latest; EMG/NCV evidence of right carpal tunnel syndrome. Subjectively, the injured worker complains of ongoing right upper extremity pain with numbness and tingling. Symptoms get worse when he drives or does repetitive motion. Objective findings include only full range of motion of the right of her extremities. There were no other objective findings documented. The injured worker has been on Ultracet as far back as January 19 2011. The documentation does not contain evidence of objective functional improvement to gauge Ultracet's efficacy. There are no risk assessments and no detail in assessments and medical record. Consequently, absent clinical documentation with evidence of objective functional improvement, detailed pain assessments and risk assessment, Ultracet 37.5/25 mg #120 is not medically necessary.