

Case Number:	CM15-0115321		
Date Assigned:	06/23/2015	Date of Injury:	09/10/2012
Decision Date:	07/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 45 year old female, who sustained an industrial injury on 9/10/12. She reported right thumb and index finger pain. The injured worker was diagnosed as being status post right carpal tunnel decompression, tenovagotomy of the right index finger with first webspace contracture secondary to palmar fascia band. Treatment to date has included trigger finger injections, carpal tunnel decompression, surgical release of A1 pulley, TENS, physical therapy, and medication. On 12/22/14 pain was rated as 6/10. Currently, the injured worker complains of pain in the right hand, forearm, upper arm, shoulder and neck. The treating physician requested authorization for retrospective Ultracet prescribed on 12/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet prescribed on 12/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 75-91, 123.

Decision rationale: This is a review for the retrospective request for Ultracet prescribed on 12/22/2014. Tramadol is a synthetic opioid. Ultracet is a combination of tramadol and acetaminophen. The medical documentation indicates this patient has taken Norco, another opioid, for pain relief in the past. According to the MTUS guidelines opioid therapy is recommended for short-term pain relief only after the patient has failed a trial of non-opioid analgesics. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy For on-going management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Therefore, the above listed issue is not medically necessary.