

Case Number:	CM15-0124620		
Date Assigned:	07/09/2015	Date of Injury:	07/18/2013
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 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 47 year old female, who sustained an industrial injury on 7/18/13. The injured worker was diagnosed as having left shoulder impingement syndrome, cervical radiculitis and lumbar radiculitis. Treatment to date has included chiropractic treatment, home exercise program, acupuncture treatments, activity restrictions and oral medications including Ultracet 37.5mg, Anaprox 550mg, Neurontin 600mg and Prilosec 20mg. Currently on 5/12/15, the injured worker reports occasional neck stiffness with pain rated 3/10 at times and increases to 7/10. Her pain level is unchanged since previous visit of 4/1/15. Low back is stable at this time. She is temporarily totally disabled. Physical exam performed on 5/12/15 noted lumbar spine spasm, painful and limited range of motion, left L3-4 radiculopathy, tenderness to palpation over the left paraspinal musculature and right sciatic notch with trigger points elicited bilaterally. Exam of the cervical spine revealed spasm, restricted and painful range of motion positive trigger point on left cervico trapezial ridge and tenderness to palpation over the facet joint with C5 radiculopathy on the left and exam of the left shoulder revealed positive impingement and painful range of motion with tenderness to palpation of the acromioclavicular joint. It is noted with medications activity increases and she can walk, sit and stand better and is more functional. A request for authorization was submitted on 6/9/15 for Ultracet 37.5mg, Anaprox 550mg, Neurontin 600mg and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient; her pain level is unchanged from previous visit and level of pain prior to and following medications is not documented. She has received Ultracet since at least 4/1/15. Her work status is noted to be temporarily totally disabled. An opioid contract was discussed and notation is made a urine drug screen will be performed periodically. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary.