

Case Number:	CM15-0125291		
Date Assigned:	07/14/2015	Date of Injury:	11/12/2013
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 52 year old male sustained an industrial injury on 11/12/13. He subsequently reported bilateral upper extremity pain. Diagnoses include bilateral overuse syndrome. Treatments to date include MRI testing, TENS therapy, bracing, physical therapy and prescription pain medications. The injured worker continues to experience discomfort in the bilateral hands. Upon examination, there was tenderness to palpation present over both wrists and forearms. The sensation to light touch was slightly decreased in the left small finger. Pressure provocative testing over the cubital tunnel was positive at 30 seconds on the left. A request for Ultracet 37.5/325mg #60, per 05/06/15 order was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60, per 05/06/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 76-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) - Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Opioids, specific drug list.

Decision rationale: Ultracet 37.5/325mg #60, per 05/06/15 order is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on Ultracet without significant functional improvement. Furthermore, the ODG states that the analgesic dose of Ultracet is for short term use 5 days in acute pain management and the documentation indicates that the patient has been using Ultracet significantly longer than this for chronic pain. The request for Ultracet is not medically necessary.