

Case Number:	CM15-0126245		
Date Assigned:	07/10/2015	Date of Injury:	11/27/2004
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 60 year old female injured worker suffered an industrial injury on 11/27/2004. The diagnoses included low back pain, lumbosacral sprain/strain, cervical sprain/strain, thoracic sprain/strain, left upper extremity neuralgia/paresthesia and left shoulder sprain/strain. The injured worker had been treated with medications. On 1/16/2015 the provider noted the injured worker was still taking Tramadol and the pain without medication was 9/10 and with medications was 6/10. On 4/17/2015 the treating provider reported severe pain in the left shoulder and was unable to get medications due to weaning recommended by the UR determination. The left shoulder had very limited strength and range of motion due to pain rated 9/10. The CURES report indicated he had been using only 1 pharmacy and only the treating provider as the prescriber. There was no need to urine drug screen as the injured worker was not using Ultracet. On exam the left shoulder and upper back were tender, very guarded and weak. The lumbar spine was tender with limited range of motion with spasms. On 5/15/2015 the treating provider reported that the neck hurt and limited sleep was causing severe headaches. There was upper back pain and right knee pain with stiffness. The pain was rated 9/10 and decreased to 6/10 with medications allowing mobility. On exam the left shoulder was tender and posterior neck was tender. The injured worker had not returned to work. The treatment plan included Ultracet 37.5/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91, 43, and 74.

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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided recommended weaning of Tramadol from 11/12/2014 and 3/4/2015, as the guidelines criteria were not met. The provider notes from 1/16/2015, while the injured worker was still prescribed Ultracet, did not include a comprehensive pain assessment and evaluation, no risk assessment for aberrant drug use and no evidence of functional improvement. The provider notes from 4/17/2015 and 5/15/2015 indicate the injured worker was not able to obtain any further Tramadol. While the injured worker continued to have significant pain, there was no evidence to substantiate further treatment with Ultracet. The requested Ultracet is not medically necessary.