

<b>Case Number:</b>	CM15-0173843		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old male sustained an industrial injury on 3-21-19. Documentation indicated that the injured worker was receiving treatment for injuries to the right elbow and left wrist. Previous treatment included epicondyle release, bracing, sling, transcutaneous electrical nerve stimulator unit, hot and cold wrap and medications. Electromyography and nerve conduction velocity test bilateral upper extremities (5-6-15) showed minimal evidence of chronic denervation and reinnervation in the ulnar-innervated musculature of the right hand. In a progress note dated 1-27-15, the physician stated that the injured worker had chronic pain and took medications to be functional. The injured worker reported that medications provided 30-40% pain relief. The injured worker had difficulty with routine activities due to pain and weakness, dropping things and not being able to grip and grasp. Physical exam was remarkable for "weakness in the right upper extremity, pain along the carpal tunnel area of the wrist and mild tenderness along the dorsum of the wrist with weakness against resisted function". The treatment plan included continuing medications (Tramadol ER, Neurontin, Diclofenac and Protonix). In a PR-2 dated 8-19-15, the injured worker complained of numbness along the ulnar distribution of the right hand. The injured worker stated that he could not even feel paper cuts. The injured worker performed chores but avoided forceful pushing, pulling, lifting, grasping, gripping and torquing. The injured worker had not worked since April 2010. The injured worker still had not applied for Social Security Disability and had not looked for work anywhere else. Physical exam was remarkable for tenderness to palpation on the right olecranon tip and medial and lateral epicondyle, positive Tinel's at the elbow and left wrist with tenderness to palpation along the palmar ulnar

carpal joint. Bilateral grip strength was 15. The treatment plan included laboratory studies and medications (Nalfon, Lunesta, Protonix, Effexor XR, Trazodone and Ultracet). On 8-27-15, Utilization Review noncertified a request for Ultracet 37.5mg, quantity 60, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs review of the available medical records reveals no documentation to support the medical necessity of Ultracet or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.