

Case Number:	CM15-0063610		
Date Assigned:	04/09/2015	Date of Injury:	02/04/2010
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 2/4/10. He reported initial complaints of a right fibular fracture and other multiple traumas. The injured worker was diagnosed as having left shoulder impingement syndrome with AC joint arthrosis; lumbar strain; left hip strain with mild degenerative joint disease; lumbar radiculitis; left proximal fibular fracture; left knee partial anterior cruciate ligament tear and patella femoral syndrome; left ankle sprain with left foot metatarsalgia. Treatment to date has included physical therapy; urine toxicology screening; medications. Currently, the PR-2 notes dated 2/10/15 the injured worker has a history of left shoulder and lumbar spine discomfort that he describes as 8/10, left lower extremity discomfort that he describes as 6/10. Pain scale is documented 2/10 with medications. The notes document the injured worker does not want any surgery at this time. Additional treatment notes were submitted but there is no change in the physical functionality per examinations in the documentation of the injured worker or treatment plans. The provider is requesting Ultracet 50mg 1 tab q8 hours prn #30 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 50mg 1 tab q8 hours prn #30 per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 02/23/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, therefore, the prescription of Ultracet 50mg #30 is not medically necessary.