

Case Number:	CM15-0065114		
Date Assigned:	04/13/2015	Date of Injury:	03/04/2014
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male who sustained an industrial injury on March 4, 2014. The injured worker was diagnosed with cervical sprain/strain, cervical spondylosis, and thoracic sprain/strain, lumbosacral sprain/strain with degenerative disc disease and right ankle sprain/strain. Treatment to date includes diagnostic testing, lumbar epidural steroid injection (ESI) in August 2014 and medications. According to the primary treating physician's progress report on January 20, 2015, the injured worker continues to experience cervical and lumbar pain. Thoracic area and right ankle show improvement. Examination of the cervical spine demonstrated tenderness to palpation of the spinous process of the lower cervical area with moderate paraspinal muscles guarding and tenderness and decreased range of motion. Sensory, motor and deep tendon reflexes were intact. Examination of the lumbar spine noted tenderness to palpation of the lower paraspinal muscles with decreased range of motion and hypoesthesia of the entire dorsum of the right foot and anterior tibialis. Slight quadriceps weakness was noted on the right side with decreased straight leg raise bilaterally, right side greater than left. The right ankle had swelling at the lateral malleolus and satisfactory range of motion. Current medications are listed as Ultracet, Naprosyn, Flexeril and Protonix. Treatment plan consists of continuing with modified activities, stretching exercises, increase ambulation, epidural steroid injection (ESI) to the lumbar spine, and intra-articular injections of the right ankle and the current request for Ultracet refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 02/24/15 progress report provided by treating physician, the patient presents with pain to the cervical spine, lumbar spine pain that radiates to the right lower extremity, and swelling and pain to the right ankle. The request is for ULTRACET 10MG #60. Patient's diagnosis per Request for Authorization form dated 05/11/15 includes sprain and strain of lumbosacral; neck sprain and strain; and thoracic sprain and strain. Patient had lumbar epidural steroid injection on 08/09/14. Patient medications include Ultracet, Protonix, Flexeril and Naproxen. Patient is to remain off work, per 02/24/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultracet was included in patient's medication's, per treater reports dated 11/18/14, 01/20/15, and 02/24/15. In this case, treater has not stated how Ultracet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.