

Case Number:	CM15-0068810		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2009
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: Emergency 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 53 year old male who sustained an industrial injury on 05/19/2009. Current diagnoses include internal derangement of the knee bilaterally, discogenic lumbar condition with radicular component, and discogenic cervical condition with radicular component. Previous treatments included medication management, cortisone injections, TENS unit, home exercise, neck pillow, back brace, orthotics, and knee brace. Previous diagnostic studies included MRI's. Report dated 02/17/2015 noted that the injured worker presented with complaints that included back, neck, and bilateral knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for custom knee braces, Hyalgan injections, referral to psychiatry, EMG's for upper and lower extremities, blood testing, medications, functional capacity testing, standing x-rays of both knees, and urine screen. Disputed treatment includes Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Ultracet 37.5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Ultracet contains acetaminophen and Tramadol a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. While there is noted urine drug screening, there is no noted assessment or basic questions concerning abuse screening. There has not been any pain assessment via VAS pain scale for the last few progress notes by the requesting provider. Documentation fails MTUS guidelines for chronic opioid use. Ultracet is not medically necessary.