

Case Number:	CM15-0072405		
Date Assigned:	04/22/2015	Date of Injury:	12/01/2010
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 12/01/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right knee internal derangement status post arthroscopy x 2 with residual symptoms, bilateral carpal tunnel syndrome, right shoulder internal derangement, and lumbar myoligamentous injury with right radicular symptoms. Treatments to date include medication therapy, cortisone joint injection, and Synvisc injections. Currently, she reported approximately 60% improvement from a Synvisc One injection provided on November 19, 2014, administered to the right knee. She complained of right shoulder pain with improved after a steroid injection was administered. The lumbar spine was also still painful. On 3/6/15, the physical examination documented palpation of trigger point with tenderness throughout the lumbar spine. Kenalog was administered to the right shoulder on this date. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Ultracet for several months. Pain scores were not routinely noted. There was no indication of failure of Tylenol (alone) or Tricyclic failure. The claimant still required invasive procedures to relieve pain despite Ultracet and NSAID use. Continued and chronic use of Tramadol and therefore Ultracet is not medically necessary.