MAXIMUS Federal Services

Case Number:	CM15-0079091		
Date Assigned:	04/30/2015	Date of Injury:	01/29/2012
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 York, West Virginia, Pennsylvania
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 30 year old female, who sustained cumulative trauma industrial injuries from May, 2006 through November, 2012. She reported low back pain and bilateral wrist/hand pain. The injured worker was diagnosed as having lumbosacral radiculopathy, bilateral wrist sprain and strain and lumbar disc bulges. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, physical therapy, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radicular symptoms and bilateral wrist pain. The injured worker reported an industrial injury from 2006 through 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 3, 2014, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines note that Ultracet is not recommended as a first line oral analgesic but only after the patient has failed a trial on non-opioid analgesics, has undergone screening for misuse, and that ongoing use should be performed at the lowest dose for the shortest period of time while monitoring efficacy, side effects, aberrant use and increased functionality. In this case, prior records have recommended weaning and discontinuation of opioids and documentation is lacking of efficacy, aberrant use, and side effects. The request for Ultracet is not medically appropriate and necessary.