

Case Number:	CM15-0092241		
Date Assigned:	05/18/2015	Date of Injury:	08/11/2012
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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 58 year old female, who sustained an industrial injury on August 11, 2012. She was diagnosed with left carpal tunnel syndrome and wrist joint inflammation. Magnetic Resonance Imaging revealed ulnar impaction. Treatment included anti-inflammatory drugs, pain medications, bracing, cortisone injections, transcutaneous electrical stimulation, activity restrictions and immobilization. Currently, the injured worker complained of increased weakness of the right wrist with persistent pain affecting activities of her daily living. The treatment plan that was requested for authorization included a prescription for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

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 Norco and Tramadol ER for several months. The claimant was noted to have side effects from Tramadol as noted on 3/26/15. Pain scores were not routinely documented. Ultracet contains Tramadol. There is no indication the Ultracet would provide more benefit than Tramadol ER. The request for Ultracet is not medically necessary.