

Case Number:	CM15-0093729		
Date Assigned:	05/20/2015	Date of Injury:	08/18/2014
Decision Date:	06/19/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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, Pain Management

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 27 year old male, who sustained an industrial injury on 08/18/2014. He has reported injury to the right wrist/hand and right elbow/forearm. The diagnoses have included right DeQuervain's syndrome; right carpal tunnel syndrome; and right epicondylitis. Treatment to date has included medications, diagnostics, bracing, splinting, stretching exercises, injection, acupuncture, and physical therapy. Medications have included Anaprox, Ultracet, and Omeprazole. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right elbow, forearm, wrist, and hand; pain radiates to the wrist and fingertips; pain is associated with stiffness, weakness, numbness, tingling, locking, popping, and swelling; not showing improvement; and symptoms are significantly affecting activities of daily living. Objective findings included tenderness on direct compression to the right lateral epicondyle; positive ulnar nerve Tinel's sign; right wrist/hand with radial styloid tenderness noted; positive Tinel's and Phalen's signs; positive carpal tunnel compression test; positive Finkelstein's test; and right wrist magnetic resonance arthrogram, dated 02/09/2015, showed tendinopathy of the extensor carpi ulnaris tendon. The treatment plan has included the request for Ultracet 37.5/325 mg #60, with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultracet 37.5/325 mg #60 with 1 refill, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does not appear the patient has been using Ultracet previously. Therefore, the use of Ultracet seems to be a reasonable next treatment option to see if it is able to improve the patient's pain and function. Ongoing use of Ultracet would require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects and aberrant use. In light of the above, the currently requested Ultracet 37.5/325 mg #60 with 1 refill is medically necessary.