

Case Number:	CM15-0096417		
Date Assigned:	05/26/2015	Date of Injury:	02/09/2000
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 70 year old male, who sustained an industrial injury on 2/09/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical strain with cervicogenic headaches. Treatment to date has included diagnostics, left shoulder surgery in 1/2012, right carpal tunnel surgery in 2002 and 2006, physical therapy, cervical traction, and medications. Currently, the injured worker complained of neck pain, with headaches when the neck pain is intense. Pain was currently rated 0/10. Physical exam noted decreased sensation in the radial nerve distribution of the dorsum of the right hand, over the lateral aspect of the dorsum of the hand, thumb, and index finger proximally. Mild tenderness to palpation was noted in the paracervical region and range of motion was 80-90% of normal. His work status was permanent and stationary. The treatment plan included continued medications, including Ultracet, Naproxen, and Soma. It was documented that Ultracet was used (a few tablets per week) and helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet every 12 hours as needed for pain #15: Overturned

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

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

Decision rationale: Ultracet contains tramadol and acetaminophen. According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. In this case, the injured worker is using this medication minimally with reported improvement. There is no evidence of abuse or diversion. The MTUS guidelines note that opioids may be continued if there has been improvement in pain and function. The request for Ultracet every 12 hours as needed for pain #15 is medically necessary and appropriate.