

<b>Case Number:</b>	CM13-0009392		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old who was injured on 2/16/12. According to the 7/11/13 report from [REDACTED], the patient presents with 5/10 low back pain radiating down the right leg. The medications help reduce pain slightly and allow her to remain at work. She takes Ultracet 37.5/325, q4h and cyclobenzaprine 7.5mg bid. On 9/3/13 UR recommended non-certification for tramadol ER 150mg, and Ultracet.

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 74-96.

**Decision rationale:** The Physician Reviewer's decision rationale: On 7/11/13, the patient presents with 5/10 back pain radiating down the right leg. The physician states the medications helped slightly and were allowing the patient to continue work. At that time the patient was on Ultracet and Flexeril. On 8/8/13 the pain had increased to 7/10 and the patient missed work due to pain. The physician changed the medications, to Ultracet for breakthrough as needed, and

longer acting tramadol ER. On the 9/17/13 report, the pain was rated at 6-1/2 out of 10, the physician added gabapentin. It appears that the patient was having increased lower back pain, interfering with her ability to work, and the physician was titrating the medications up for pain control. The utilization review apparently denied the tramadol because the patient remained symptomatic and they did not have documentation of a pain contract. The Chronic Pain Medical Treatment Guidelines specifically states: "A written consent or pain agreement for chronic use is not required." The Chronic Pain Medical Treatment Guidelines also states: "Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule" The physician appears to be in the process of modifying the patient's medication regimen to get adequate pain control. Discontinuing the Ultracet at that time would not be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Ultracet 37.5/325 mg, 60 count, is medically necessary and appropriate.

**TRAMADOL ER 150MG, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 74-96.

**Decision rationale:** The Physician Reviewer's decision rationale: On 7/11/13, the patient presents with 5/10 back pain radiating down the right leg. The physician states the medications helped slightly and were allowing the patient to continue work. At that time the patient was on Ultracet and Flexeril. On 8/8/13 the pain had increased to 7/10 and the patient missed work due to pain. The physician changed the medications, to Ultracet for breakthrough as needed, and longer acting tramadol ER. On the 9/17/13 report, the pain was rated at 6-1/2 out of 10, the physician added gabapentin. It appears that the patient was having increased lower back pain, interfering with her ability to work, and the physician was titrating the medications up for pain control. The utilization review apparently denied the tramadol because the patient remained symptomatic and they did not have documentation of a pain contract. The Chronic Pain Medical Treatment Guidelines specifically states: "A written consent or pain agreement for chronic use is not required." The Chronic Pain Medical Treatment Guidelines also states: "Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule" The physician appears to be in the process of modifying the patient's medication regimen to get adequate pain control. Discontinuing the Ultracet and tramadol ER at that time would not be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Tramadol ER 150 mg, 60 count, is medically necessary and appropriate.