

<b>Case Number:</b>	CM13-0022976		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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, and is licensed to practice in New York and Texas. 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:

The patient is a 60-year-old female who reported an injury on 08/11/2009 with an unstated mechanism of injury. The patient was noted to have ongoing pain in the low back, radiating into the right lower extremity. The diagnosis was noted to include a lumbar spine disc herniation. The request was made for Ultracet #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend that weak opioids, such as Tramadol/acetaminophen, should be considered at initiation of treatment with opioid therapy. The clinical documentation submitted for review indicated that the patient was managing the symptoms with Relafen, Ultracet and gabapentin with a reduction in pain from 8/10 to 4/10 with the medication regimen. However, the clinical documentation failed to provide the efficacy of the requested medication.

Additionally, there was a lack of documentation indicating that the patient's necessity for 2 refills without re-evaluation. Given the above, the request for Ultracet #60 with 2 refills is not medically necessary.