

Case Number:	CM13-0057399		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2002
Decision Date:	06/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 63 year-old female who was injured on 4/1/2002. She has been diagnosed with lumbar DJD, DDD, sciatica, compound fracture and s/p brain tumor excision 2013. According to the 11/2/13 physiatry report from [REDACTED], the patient presents with low back pain. The patient's pain remains the same therefore was prescribed Ultracet 37.5/325mg tid. On 11/19/13 UR modified the request to allow Ultracet for 5 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRACET 37.5/325MG, #90 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long-term Opioid use, Opioids, long-term asse.

Decision rationale: The patient presents with chronic back pain. She has been stable with use of Ultracet since at least 2/12/13. The 8/13/13 report states the Ultracet controls the pain to tolerable levels. The California MTUS criteria for opioids, "Long-term users of opioids (6-months or more)" section applies. California MTUS for "Strategy for maintenance" first line states: "Do not

attempt to lower the dose if it is working" Based on the information provided for this IMR, the continued use of Ultracet is in accordance with California MTUS guidelines.