

<b>Case Number:</b>	CM13-0063493		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 and is licensed to practice in Illinois. 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 35-year-old female who reported injury on 08/14/2010. The mechanism of injury was noted to be the patient slipped and fell in some water landing on her right knee. The patient's medication history includes Ultracet as of 07/2013. The patient underwent a right knee arthroscopic surgery on 01/06/2011. The patient's diagnoses were noted to include knee pain and pain in joint lower leg. The treatment plan included the patient indicated the Ultracet was helpful but sometimes the patient needed to use 2 at 1 time for proper relief and indicated that her right knee pain was interfering with her sexual relationship with her husband. The patient indicated that the Ultracet made her feel less energetic which also interfered with intercourse. The request was made for Ultracet 325/37.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective request for Ultracet 325-37.5 mg #90 with a date of service of 12/2/2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section; Ongoing Management Section Page(s): 60; 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been taking an opiate since 07/2013. There was a lack of documentation including evidence that the patient was being monitored for aberrant drug behavior. The clinical documentation indicated that with a previous prescription of Ultracet 50 mg and the patient had a reduction in pain from 8/10 to 5/10 and was able to perform activities of daily living such as cleaning, walking and other ADLs. Given the above, the request for Ultracet 325/37.5 mg quantity 90 is not medically necessary.