

Case Number:	CM14-0000580		
Date Assigned:	01/10/2014	Date of Injury:	06/08/2000
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurosurgery, 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 injured worker is a 73 year old male who sustained an injury on 06/08/00. The specific mechanism of injury was not discussed for the injured worker. The injured worker has been followed for complaints of low back pain radiating to the lower extremities with associated motor weakness. Conservative treatment has included the use of Tramadol for pain. The injured worker did have multiple epidural steroid injections completed with temporary response. The injured worker noted that although temporary, he had an extremely good response to epidural steroid injections. MRI studies of the lumbar spine completed on 09/08/13 noted multi-level degenerative disc disease with degenerative end plate signal from L2 to S1. At L2-3, there was a disc osteophyte complex with mild to moderate facet arthropathy and ligamentum flavum hypertrophy with congenital short pedicles resulting in moderate canal stenosis with mild compression of the cauda equina. There was lateral recess stenosis noted and mild left sided foraminal stenosis. At L3-4, there was 2mm of retrolisthesis with facet and ligamentum flavum hypertrophy and congenital short pedicles resulting in mild to moderate canal stenosis as well as mild to moderate right foraminal stenosis. At L4-5, similar findings were noted with 2mm of retrolisthesis and congenital short pedicles resulting in mild to moderate canal stenosis as well as mild to moderate right foraminal stenosis. The most recent evaluation was on 09/19/13. The injured worker continued to report low back pain radiating to the lower extremities. Physical examination noted intact motor strength in the lower extremities bilaterally. There was mildly decreased sensation to pin prick in the L5-S1 distributions. Reflexes were 1+ and symmetric at the patella and absent at the gastrocnemius. Straight leg raise did reproduce low back pain radiating through the lower extremities. Given the lack of any further improvements obtained with epidural steroid injections, the injured worker was recommended for a lumbar laminectomy

from L2 to L5. Ultracet 37.5mg, quantity 90 with 1 refill was denied by utilization review on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5 MG (90) REFILL ONE (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteris for Use, Page(s): 88-89.

Decision rationale: In regards to the request for Ultracet 37.5mg, quantity 90 with one refill, this reviewer would not have recommended this medication as medically necessary. It is noted in the utilization review report that the request was modified to a quantity of 40 to allow for weaning. This reviewer does agree with the determination. The clinical documentation provided for review did not identify any substantial functional improvement obtained with the continuing use of Ultracet to warrant its ongoing use. There was no indication of any substantial pain relief obtained with the use of Ultracet. Given the lack of any specific clinical documentation indicating functional improvement or pain reduction attributed to the continuing use of Ultracet, this reviewer would not have recommended certification for the amount of Ultracet requested.