MAXIMUS Federal Services

Case Number:	CM14-0016042		
Date Assigned:	06/04/2014	Date of Injury:	04/11/2011
Decision Date:	07/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, 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 53-year-old female who reported an injury on 04/11/2011, caused by an unknown mechanism. On 07/23/2013, the injured worker underwent an MRI of the lumbar spine, revealed at L2-3 was 1 to 2 mm left-sided disc bulge, at L3-4 was mild loss of disc height, 2 to 3 mm disc bulge with mild to moderate facet arthropathy and ligamentum flavum hypertrophy present and at L4-5 was 2 to 3 mm asymmetric left greater than right disc bulge with mild facet arthropathy and ligamentum flavum hypertrophy contributed to minimal to mild bilateral foraminal stenosis. On 12/10/2013, the injured worker complained of frequent neck pain with numbness and tingling in the left upper extremity with of pain level of 5/10. The injured worker continued to complain of left arm pain and frequent low back pain that radiates to the bilateral lower extremities with numbness, tingling and paresthesia's in the bilateral feet with a pain level of 8/10. On the physical examination of the lumbar spine revealed, paraspinal spasms and tenderness to palpation of the lumbar paravertebral musculature. The straight leg test was positive bilaterally. The motor examination of the lower extremities revealed weakness in the extensor hallucis longus, tibialis anterior and gastrocnemius muscle groups. There was decreased sensation to light to touch testing over the posterior lateral calf. The injured worker's diagnoses included status post anterior cervical decompression and fusion at C3-4, C4-5 with complications, swallowing difficulty and dysphasia, lumbar radiculopathy and rule out ulnar compression at the level of the left elbow and L4-5 lateral recess stenosis and disc herniation with lumbar radiculopathy. The medications included Topical Creams, Patches, and Norco. The treatment plan included for decision for 1 prescription for Ultracet 37.5/325 MG. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRACET 37.5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol & Opioids for Neuropathic Pain page(s) 82 &113 Page(s): 82 &113.

Decision rationale: Per MTUS, Chronic Pain Medication Treatment Guidelines do not recommend Ultracet as a first line oral analgesic. The guidelines also states that for analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). A recent consensus guideline stated that opioids could be considered first line therapy for the following circumstances, prompt pain relief while titration a first line drug, treatment of episodic exacerbation of severe pain and treatment of neuropathic cancer pain. The injured worker's diagnoses included status post anterior cervical decompression and fusion C-3 through C-4, C4 through C-5 with complications, swallowing difficulty and dysphasia, lumbar radiculopathy, rule out ulnar compression at the level of the left elbow and L-4 through L-5 lateral recess stenosis and disc herniation with lumbar radiculopathy. The documents provided on 12/10/2013 have lack of evidence of the injured worker's conservative care to include physical therapy and pain medication management. In addition, the request did not include the frequency or quantity of Ultracet 37.5/325 MG. Therefore, the request for 1 prescription of Ultracet 37.5/325 MG is not medically necessary.