

Case Number:	CM14-0111611		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2001
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 Nevada. 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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on February 20, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of cervical and lumbar radiculopathy. The physical examination demonstrated tenderness to palpation in the posterior cervical spine, a decrease in cervical spine range of motion, muscle spasm and tenderness to palpation of lumbar spine with a decrease in range of motion as well as straight leg rising be positive on the right. Diagnostic imaging studies objectified multiple level disc lesions in the cervical spine, a 15% compression fracture in the lumbar spine, and degenerative disc changes in the lower lumbar spine. Previous treatment included medications, physical therapy, and conservative care. A request had been made for Ultracet and was not certified (modified) in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: This medication is a combination of tramadol and acetaminophen. The synthetic opioid is combined with the use of medicine and has been recommended in the treatment of musculoskeletal pain. When noting there are multiple level degenerative changes in both the cervical lumbar spine, and that the pain levels are in change over the last several months, there is no clinical indication presented that this medication has any noted efficacy or utility. As such, the medical necessity has not been established.