

Case Number:	CM14-0121932		
Date Assigned:	08/06/2014	Date of Injury:	08/21/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 and Washington. 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 31-year-old male who reported an injury on 08/21/2013. The mechanism of injury was noted as a twisting injury. The injured worker's diagnoses included low back pain. Previous treatments included physical therapy and home exercises. Diagnostic studies included an unofficial MRI dated 01/23/2014 that noted congenital narrowing of the foramen throughout, otherwise negative. Surgical history was not provided in the medical records. It was noted on the progress report dated 06/26/2014 the injured worker complained of struggling with pain and rated the pain 5/10. The injured worker reported pain was mostly central and radiates over to the right side. The injured worker reported that he does not have much radiating symptoms in the right lower extremity. The objective findings noted palpatory tenderness in the paravertebral muscles and over facet joints on the right side. The straight leg raise tests were negative, no sensory changes and motor exam was normal. Medications included Motrin 800 mg twice a day and Ultracet 37.5/325 four times a day. The requested treatment plan was for Ultracet 37.5/325 mg #120. The rationale for the requested treatment plan was not provided within the medical records. The Request for Authorization was dated 07/14/2014.

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Ultracet 37.5/325 mg #120 is non-certified. The injured worker has a history of low back pain, and to have participated in physical therapy for treatment. Ultracet is a medication that contains tramadol and acetaminophen. Tramadol is classified as an opiate. The California MTUS Guidelines state for ongoing management of chronic pain patients on opioid therapy, the guidelines require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines state the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation provided noted the injured worker complained of low back pain and had palpatory tenderness in the paravertebral muscles and over the facet joints on the right side. However, the documentation did not indicate any significant objective functional deficits to warrant the medication. The documentation noted the injured worker had used the medication for some time; however, there was a lack of documentation to indicate continued symptomatic relief provided with concurrent use. There is also a lack of documentation to indicate random urine drug screens performed to rule out any aberrant drug related behaviors. There is a lack of documentation to indicate if the injured worker has experienced any adverse side effects on the current medication regimen. Overall, there is a lack of documentation provided detailing pain relief, functional status, appropriate medication use and side effects. As such, the request for Ultracet 37.5/325 mg #120 is non-certified.