

<b>Case Number:</b>	CM14-0133319		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 04/03/1998. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with lumbar discogenic pain, herniation at L5-S1 with radicular symptoms and meningitis nonindustrial. The injured worker was treated with medication. The medical records provided do not indicate diagnostic studies or surgical history. The progress report dated 07/09/2014 noted the injured worker complained of pain rated 10/10 without medication and 7/10 with medications. The injured worker had tenderness to the lumbar spine. The injured worker was prescribed Ultracet 37.5/325 mg twice a day as needed for pain. The treatment plan was for Ultracet 37.5/325 mg twice a day as needed #120. The rationale for the request was for pain relief. The request for authorization was submitted for review on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5 mg BID PRN #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78, 93-94.

**Decision rationale:** The request for Ultracet 37.5 mg BID PRN #120 is not medically necessary. The injured worker is diagnosed with lumbar discogenic pain and herniation at L5-S1 with radicular symptoms. The injured worker complains of pain rated 10/10 without medication and 7/10 with medications. The California MTUS guidelines recommend ongoing monitoring of chronic pain in injured workers by documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The injured worker's medical records lack documentation of side effects, the occurrence or absence of any potentially aberrant drug-related behaviors, and urine drug screens. As such, the request for Ultracet 37.5 mg BID PRN #120 is not medically necessary.