

<b>Case Number:</b>	CM14-0170130		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family Medicine 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:

This is a 42-years old female patient who sustained an injury on 6/20/2012. She sustained the injury while cleaning the glass rail of the balcony with a glass cleaner at new terminal of [REDACTED] and bent forward with her back on the glass. The current diagnosis includes chronic right sided low back and right lower extremity pain. Per the doctor's note dated 9/10/14, she had complaints of lower back pain at 9/10 without medications and at 2-3/10 with medications. The physical examination revealed that that she was mildly depressed tenderness to palpation at the sacroiliac joint and the lumbosacral junction and pain with flexion and extension. The current medications list includes Motrin and Ultracet. She has had lumbar MRI dated 7/26/12 which revealed degenerative disc changes at L4-5 and L5-S1 with disc protrusion at L5-S1. She has had acupuncture and chiropractic treatment for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75,82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. Per the records provided patient had chronic low back pain. Response to pain with ibuprofen without tramadol is not specified in the records provided. Short term or prn use of the Ultracet in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However, the need for 60 Ultracet, as submitted, is not deemed medically necessary. The medical necessity of Ultracet 37.5/325mg #60 is not medically necessary.