

<b>Case Number:</b>	CM14-0185991		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Family Practice, 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 64 yr. old female claimant to sustained a work injury on March 1, 2012 involving the neck and back. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease and lumbar radiculopathy. A progress note on October 21, 2014 indicated the claimant had 6/10 pain with medications and 10/10 pain without medications. She had been on Soma, Prilosec, Neurontin and Norco for pain. Physical findings were notable for reduced range of motion of the cervical and lumbar spine as well as tenderness in the para spinal regions. The treating physician provided oxycodone 10 mg ( tab BID) or pain along with Ultracet 37.5/325 mg BID. She had been on Ultram several months prior.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Ultracet contains Ultram and Tylenol. Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is

recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain levels and function remained same over several months. There was no indication of combining multiple opioids and no one opioid is superior to another. continued use of Ultracet as above is not medically necessary.

**Oxycodone HCL 10mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and other opioids previously without significant improvement in pain or function. There was no indication of combining multiple opioids and no one opioid is superior to another. The continued use of Oxycodone is not medically necessary.