

<b>Case Number:</b>	CM14-0034890		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Ohio. 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 04/25/2013. The injured worker underwent a lumbar spine fusion on 10/06/2013. Other therapies included physical therapy and medications. The injured worker's medication history included opiates as of 07/2013. The documentation of 02/10/2014 revealed the injured worker had low back pain. The injured worker complained of a constant right knee pain rated 8/10 with associated weakness, giving way, and burning sensation. The diagnoses included degenerative disc disease with spinal stenosis at L4-5 and L5-S1 with facet arthropathy, right knee myoligamentous sprain/strain rule out internal derangement, status post laminotomy at L4-5 and L5-S1 bilaterally on 10/02/2013, cellulitis, and internal derangement of the right knee. The treatment plan included an internal medicine consultation, home health aide, and Ultracet 37.5/325 mg, one by mouth every 4 to 6 hours as needed for pain.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,page 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The injured worker had been utilizing the medication since at least 07/2013. Given the above, the request for Ultracet 37.5/325 mg #60 is not medically necessary.