MAXIMUS Federal Services

Case Number:	CM14-0043832		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2013
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 47-year-old male who reported an injury after he slipped and fell 03/02/2013. The clinical note dated 03/07/2014 indicated diagnosis of low back pain, lumbar disc bulging, lumbar facet pain, sacroiliac joint pain, myofascial pain, chronic pain syndrome, and possible lumbar radiculitis. The injured worker reported his low back pain as a constant, aching, burning sensation on the right side of his low back that radiated down the back of his right thigh and stopped at the knee. He reported numbness in his posterior right thigh. The injured worker reported he completed physical therapy which he reported helped a little but not enough. The injured worker reported he used a TENS unit while at physical therapy and that the TENS unit helped reduce his pain. The injured worker reported the pain was better with medication and heat and worse with bending, sitting, and lifting. The injured worker rated the pain 8/10 without medication and 6/10 with the medication. The injured worker reported he took Advil over-the-counter. On physical examination of the lumbar spine, there were moderate spasms in the paraspinal musculature on the right with tenderness on the right side. The sacroiliac joints were tender on the right. The injured worker had limited range of motion due to increased pain. The injured worker's Patrick's sign and Gaenslen's maneuver were positive on the right. The injured worker's straight leg raise was positive on the right. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included naproxen, Ultracet, and Ambien. The provider submitted a request for Ultracet. A request for authorization dated 03/19 was submitted; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraset 37.5/ 325mg #90, as prescribed on 3/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Ultracet 37.5/ 325mg #90, as prescribed on 3/7/14 is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use, behaviors, and side effects. Moreover, the request did not indicate how long the injured worker had been utilizing this medication. In addition, the request did not indicate a frequency for this medication. Additionally, it was not indicated if the injured worker had a pain contract. Furthermore, it was not indicated when the last urine drug screen was done on the injured worker. Therefore, the request for Ultracet is not medically necessary.