

<b>Case Number:</b>	CM14-0053264		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 69 year old female who was injured on 12/2/2002. The diagnoses are neck pain, cervical radiculopathy, low back pain and lumbar radiculopathy. In 2009, an MRI of the cervical spine was significant for multilevel disc bulges, facet hypertrophy, neural foramina stenosis and central canal stenosis. On 3/7/2014, [REDACTED] noted subjective complaints of neck pain and low back pain radiating to the lower extremities. The pain score was 4/10 on a scale of 0 to 10. There was associated numbness of the upper and lower extremities. The patient reported improved ADL with the utilization of medications and after cervical epidural steroid injection. On 5/16/2014, the patient reported decreased ADL with increased pain score to 10/10 following non certification of the pain medications. The medications are Voltaren gel and Ultracet for pain and Tizanidine for muscle spasm. It is unclear if the patient is currently utilizing any of the listed medications due to not medically necessary. A Utilization Review determination was rendered on 3/27/2014 recommending non certification for Ultracet 37.5/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 74-96, 111, 119.

**Decision rationale:** The California MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of severe pain during periods of exacerbation that is non responsive to standard treatment with NSAIDs, PT and behavioral modification. Opioids can also be utilized for maintainance treatment when the patient have exhausted or failed treatment with non opioid medications, PT, interventional pain management and surgeries when indicated. The records indicate that this 69 year old lady is only able to function and maintain ADL with the utilization of Ultracet. Ultracet is associated with less opioid addictive and sedative properties because of action on opioid and non opioid receptors No side effects or complications have been reported. The criteria for Ultracet 37.5/325mg # 120 was met.