

<b>Case Number:</b>	CM14-0054307		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Occupational 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:

Patient is a 55-year-old female who has submitted a claim for lumbar stenosis and lumbosacral disc disease associated with an industrial injury date of 06/19/2012. Medical records from 2014 were reviewed. Patient complained of severe low back pain radiating to bilateral lower extremities, left worse than right. Physical examination of the lumbar spine showed moderate spasms, limited motion and tenderness. Straight leg raise test was positive bilaterally. Weakness of the bilateral extensor hallucis longus and left anterior tibialis was noted. Treatment to date has included home exercise program, and medications such as Ultracet and ibuprofen. Utilization review from 03/28/2014 modified the request for Ultracet 37.5/325 mg, #60 into one month supply only for weaning purposes because long-term use was not recommended.

### 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 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Ultracet since January 2014 as adjuvant therapy to ibuprofen. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultracet 37.5/325mg #60 with one refill is not medically necessary.