

Case Number:	CM14-0069614		
Date Assigned:	07/14/2014	Date of Injury:	11/06/2013
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

This 32-year old office technician reported and injury to his low back from lifting mailbags on 11/16/13. Current diagnoses include low back and neck pain. Treatment has included medications, physical therapy, acupuncture and a lumbar epidural steroid injection, which increased his pain level. A 12/11/13 MRI of the cervical spine was normal except for a tiny central disc protrusion at C5/6. A lumbar spine MRI performed the same date revealed degenerative changes with small disc protrusions and facet arthropathy. The protruding disc at L5-S1 "just about" touches the S1 nerve root. He was first seen in his current treater's office on 2/17/14, for chief complaints of severe low back pain and moderate neck pain. His exam was notable only for tenderness and decreased range of motion of both neck and back. Left lower extremity strength was documented as decreased, without any specification as to which muscle groups were involved. Otherwise there were no findings suggestive of radiculopathy. The patient was started on Ultracet, Voltaren and Prilosec. Requests for authorization for acupuncture and for upper extremity electrodiagnostic studies were made. A 3/3/14 follow up visit notes that Ultracet was not helpful, and that the patient did not feel able to continue doing his regular work. The plan was to add gabapentin and to change Ultracet to Tramadol, to stop Voltaren and to continue Prilosec. Ultracet #120, Voltaren #30, Prilosec #30, Tramadol #200, and Gabapentin #90 were all dispensed at this visit. A request for authorization was made on the same date for 6 sessions of acupuncture, for electrodiagnostic studies of the upper extremity, and for all five of the medications dispensed. These requests were not deemed to be made in the correct form by the claims adjuster, and were resubmitted in the form of a request for authorization dated 3/12/14. The request for Ultracet was denied in UR 4/15/14 on the grounds that it is not helpful and that the same medication at a stronger dose was dispensed at the same time. The other

requests were authorized with the exception of the request for electrodiagnostic studies, which was objected to by the claims administrator (apparently the neck injury is being disputed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: Per the guideline cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. In this case, Ultracet was started in conjunction with several other medications. At the time it was started, the patient was at full duty. The provider noted at the next visit that the patient did not feel able to continue his regular duties, that Ultracet was not helpful, and that he was changing the Ultracet to tramadol 50 mg. (Ultracet contains 37.5 mg of tramadol.) Inexplicably, large quantities of both Ultracet and tramadol were dispensed at this follow-up visit. The initial prescription for Ultracet did not meet the guideline cited above, and continuing it the second visit was clearly contraindicated because the patient's functional level actually decreased while taking it. Based on the guideline cited above and the clinical findings in this case, continuation of Ultracet is not recommended because it did not result in functional improvement for this patient, and in fact appears to have resulted in a decrease in functional ability. Ultracet is not medically necessary due to the patient's lack of functional improvement with its use.