

Case Number:	CM14-0081898		
Date Assigned:	07/18/2014	Date of Injury:	10/23/2013
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47 year old male was reportedly injured on 10/23/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation over the posterior paravertebral musculature and right sacroiliac joint, Gaenslen's test was positive on the right, sacroiliac stress test was positive on the right, range of motion lumbar spine was decreased, and sensation was decreased over the right L5 to S1 nerve root distribution. Diagnostic imaging studies included an MRI of the lumbar spine, dated 12/5/2013, which revealed disc bulge L4 to L5 with mild to moderate central neural foraminal stenosis, decreased disc height at L5 to S1, and disc bulge with moderate to severe foraminal stenosis. Previous treatment included medication, and conservative treatment. A request was made for Ultracet and was not certified in the preauthorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Unknown Prescription of Ultracet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsTherapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Ultracet for short term use after there has been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol/Acetaminophen (APAP). As such, the request is not medically necessary.