

<b>Case Number:</b>	CM14-0179735		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 50 year old male with a date of injury as 09/05/2000. The cause of injury was noted to be caused when he fell 20 feet from a roof, landing on his right side and broke his right femur, hip, and pelvis, and severely injured his right shoulder and low back. The current diagnoses include chronic bilateral shoulder pain, neck, and low back pain, history of severe fracture with surgical repair of right femur, right shoulder surgery in 2003, insomnia as a result of chronic pain issues, and depression as a result of chronic pain issues. Previous treatments include oral pain management and lidoderm patches. Documentation submitted for review included primary treating physician reports dated 04/28/2014 and 09/25/2014, requests for authorization dated 05/14/2014, 09/25/2014, and 10/07/2014. Primary treating physicians report dated 09/25/2014 documented that the injured worker presented with complaints that included continued right low back pain, buttock pain, and right leg pain, as well as neck and shoulder pain. The injured worker also stated that naproxen gave him stomach upset as did the Norco but also kept him awake all night. The injured worker does not want more intense pain medication, as he is doing well on the Ultracet. He stated that the Ultracet brings his pain down to 2 out of 10. The physician further evaluated the effectiveness of the Ultracet, noting a decrease in pain level from 6 out 10 to 2 out of 10, the ability to perform Activities of Daily Living (ADLs) which include walking of a mile daily for exercise, able to work, and an improvement in quality of life because of the pain reduction. Physical examination noted no significant change. The physician noted the results of a Magnetic Resonance Imaging (MRI) of the lumbar spine from 11/22/2011 showing an old compression fracture at L1, disk desiccations noted at multiple levels including L1-S1, annular tear at L4-L5, and posterior bulging disk at L5-S1 and probably broad-based bulge at L4-L5. The injured worker has returned to work, and it was also documented that he has future medical benefits. The utilization review performed on 10/14/2014 non-certified a

prescription for Ultracet tablets due no documentation of trials and failure of, or intolerance to, all other more commonly used first line drugs, including acetaminophen. Also, the injured worker's pattern of use and the specific benefit of the ongoing use of this medication have not been clearly described. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 76-80.

**Decision rationale:** Ultracet 37.5/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The documentation does not indicate evidence of the above recommendations by the MTUS. The request for Ultracet 37.5/325mg #180 is not medically necessary.