

<b>Case Number:</b>	CM14-0187918		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of 11/27/12. A utilization review determination dated 11/3/14 recommends non-certification of Prilosec and Ultracet. 10/9/14 medical report identifies pain 8/10 with medication and 9/10 without. On exam, there is limited ROM, spasm, tenderness, weakness and decreased sensation in various dermatomes, and positive SLR. Patient is requesting more Ultracet, up to 5/day, because gabapentin was not filled and he is experiencing increased neuropathic pain. As long as he is able to take gabapentin, he does not need the increased dose of Ultracet. There is some occasional dizziness with use, but it is tolerable. He notes 40% reduction in breakthrough pain with use. Ability to complete ADLs independently: brush teeth, take a shower, get out of bed. Failed medications include Norco, Percocet, and tramadol 50 mg TID (due to nausea, loss of appetite from the medication). UDS from 5/15/14 was said to be consistent with Ultracet use. Patient states that generic Prilosec causes GI upset and is not effective, but no GI upset with Prilosec. He does get GI upset with use of his chronic pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014

**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): 68-69.

**Decision rationale:** Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to chronic medication usage. In light of the above issues, the currently requested Prilosec is medically necessary.

**Ultracet 37.5/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013

**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): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Ultracet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is said to receive 40% pain relief with the medication, but this is not consistent with the reported pain relief of only 1 point on the VAS scale with medication usage. The provider reports that the patient can perform ADLs including brushing teeth, taking a shower, and getting out of bed, but does not specify that these cannot be performed without the use of the medication. Finally, the provider noted failure of multiple opioids due to side effects, including tramadol (which is the active ingredient of Ultracet) at 50 mg TID (150 mg/day), but there is no rationale identifying why increasing the dosage of Ultracet to 187.5 mg/day of tramadol is not expected to cause similar side effects. Given all of the above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet is not medically necessary.