

<b>Case Number:</b>	CM14-0189527		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

This case is a 56 year old female with a date of injury on 1/4/2013. A review of the medical records indicates that the patient has been undergoing treatment for lumbar disc displacement and lumbago. Subjective complaints (5/21/2014) include physical therapy and TENS not effective in reducing pain, 6-7/10 pain level with Norco, (8/5/2014) include 9/10 pain before medication and no less than 7/10 pain after mediation. Objective findings (5/21/2014, 6/24/2014, 8/5/2014) include decreased lumbar range of motion, and normal neurological examination. Treatment has included physical therapy, injections, acupuncture, Norco, Prilosec, Celebrex, and Flexeril. A utilization review dated 11/5/2014 non-certified for Ultracet 37.5/325mg #60 and recommended weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultracet 37.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

**Decision rationale:** Ultracet is the brand name version of Tramadol and Tylenol. MTUS guidelines refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis, "Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/Acetaminophen, Hydrocodone and Codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (Oxymorphone, Oxycodone, Hydromorphone, Fentanyl, Morphine Sulfate)." MTUS guidelines, regarding Tramadol, states "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Official Disability Guidelines further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Ultracet prior to the initiation of this medication. The medical notes indicate that Ultracet was tried before, but it is unclear when that occurred and if the trial failed. The treating physician does not indicate the rationale for a second trial of Ultracet. As such, the retrospective request for Ultracet 37.5/325mg #60 is not medically necessary.