

Case Number:	CM14-0196019		
Date Assigned:	12/04/2014	Date of Injury:	05/19/2014
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck and back pain reportedly associated with an industrial injury of May 19, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 18, 2014, the claims administrator partially approved a request for Ultracet. The claims administrator suggested that the applicant was not working. The claims administrator stated that its decision was based on a progress note dated October 11, 2014 and an RFA form dated October 22, 2014. The applicant's attorney subsequently appealed. In said progress note of October 22, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was off of work and receiving indemnity benefits. The attending provider stated that the applicant was able to do basic household chores but nevertheless noted that pain complaints diminishing her ability to sleep. 7-8/10 pain was noted. The applicant was given prescriptions for Flexeril, naproxen, Protonix, and Ultracet. The applicant was already using tramadol, LidoPro, and Terocin, it was stated in another section of the note. The applicant was not working and was apparently kept off of work. It was not clearly stated whether or not the request for Ultracet was a first-time request or renewal request. The claims administrator stated that the applicant had received other treatments over the course of the claim, including Motrin, naproxen, and trazodone. The claims administrator's summary of treatments which had transpired to date did not seemingly include Ultracet. The remainder of the file was surveyed. In an earlier note dated June 24, 2014, the applicant was apparently using naproxen and tramadol for neck and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg (Rx 10/22/14) Qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Tramadol (Ultram) Page(s): 80-81, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol topic Page(s): 94; 113.

Decision rationale: While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first-line oral analgesic, in this case, the evidence on file seemingly suggested that the applicant had tried and failed other first- and second-line treatments, including Motrin, naproxen, trazodone, etc., before tramadol-acetaminophen (Ultracet) was introduced for what appeared to be the first time on October 22, 2014. On that date, the applicant reported daily pain complaints as high as 7-8/10. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol and, by implication, tramadol-acetaminophen (Ultracet) is indicated in the treatment of moderate-to-severe pain. Therefore, the first-time request for Ultracet (tramadol-acetaminophen) is medically necessary.