

Case Number:	CM14-0201084		
Date Assigned:	12/11/2014	Date of Injury:	07/14/2009
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice 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:

41 yr. old female claimant sustained a work injury on 7/14/09 involving the low back. She was diagnosed with lumbar disc disease on an MRI in September 2014. A progress note on 8/19/14 indicated the claimant had back pain. Exam findings were notable for decreased range of motion and paraspinal tenderness. She was treated with Ultracet every 6 hours for pain. A progress note on 10/14/14 indicated the claimant had chronic back pain. Exam findings were notable for decreased range of motion and paraspinal tenderness. She had also been depressed secondary to the injury. She had been on Ultracet for pain for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg 1 every 6 hours #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Ultracet contains Tramadol and Tylenol. Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-

line non-pharmacologic and medication options, i.e., acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs)), as well as evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the injured worker's pain persisted over time while on the medication without significant improvement in function. Therefore, this request is not medically necessary.