

<b>Case Number:</b>	CM14-0202657		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/15/1998
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal 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:

The patients date of injury was 1/15/98 .A note on 10/8/14 was noted from an MD who noted continued total body pain ,fatigue,and insomnia. She was diagnosed with myalgia and myositis ,carpal tunnel syndrome and internal derangement of her knee. aquatic therapy was prescribed as well as Neurontin,Sonata, and Ultracet.On 8/5/14 the patient was seen by her PCP who noted continued neck and lumbar pain and stiffness that at times kept her awake at night.He treated her with Ultram because she had GI side effects with NSAID's and was seeing a gastroenterologist for her GI problems.Her diagnoses were noted to be fibromyalgia,psychological ,left ulna neuritis,right lateral epicondylitism,right plantar fascitism,s/p left partial lateral epicondylectomy and extensor tendon repair with residual,s/p right shoulder impingement surgery with residual,c spine multi herniated nucleus pulposes,and keloid formation in the right shoulder scar.Her treatment was Ultram and Ambien.On 11/3/14 the UR refused to authorize gym membership for aquatic therapy and Ultracet prescribed by the MD she had seen on 10/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 325-37.5mg one tablet twice daily #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 12; 27, 77; 94.

**Decision rationale:** Ultracet is a combination medicine utilizing both Acetaminophen and Ultram. The chronic pain section of the MTUS notes that Ultram or tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. Acetaminophen, or APAP, is recommended for chronic pain treatment and treatment of acute exacerbation of chronic pain. It is recommended on a case by case basis as treatment in comparison with the use of NSAID medication. In osteoarthritis it is recommended as initial treatment of mild to moderate pain, particularly in patients with risk of GI, Cardiac, or Renovascular disease. However, in patients with moderate to severe pain initial treatment with an NAID may be warranted. Current guidelines indicate that NSAID's may be more efficacious in treatment. A recent Cochrane review suggests that NSAID's may be more efficacious for treatment of osteoarthritis than APAP in terms of reduction in pain and improvement of functional status. Treatment with NSAID's is more likely to have GI side effects. In back pain both NSAID's and APAP are recommended as first line treatment. Selection should be on a case by case basis, weighing efficacy of the treatment and the side effect profile of the treatment. At this time there is a lack of good evidence to recommend the use of one agent over another. The side effect profile of APAP includes hepatotoxicity. However, this is unusual when therapeutic doses are utilized. APAP may also cause elevation of AST to more than 3 times normal in 40% of patients being treated with recommended maximum doses. This medicine is also associated with hypertension but randomized trials proving this are lacking. In the above patient we note that she has chronic pain resistant to treatment with surgery and various pain medicines. She is now being controlled with Ultracet at a low dose of 325/37.5 two times a day. This is a low dose of APAP and at this dose should not cause liver toxicity. Also, the dose of Ultram is low and should not raise the suspicion of narcotic abuse. The patient is unable to tolerate NSAID's because of GI side effects. Therefore, the patient should be allowed to use this medicine in order to help deal with her pain and the request is medically necessary.

█ **gym membership with aquatic therapy twice a week:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Gym memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The chronic pain section of the MTUS briefly addresses the subject of aquatic therapy. It states that it is an optional form of exercise and minimizes the effect of gravity on exercise and is recommended in extremely obese patients in order to reduce weight bearing. It was also shown to improve some components of health related quality of life, balance, and stair

climbing in females with fibromyalgia but those regular exercises may be needed with higher intensity in order to maintain the improvement. This patient has myalgia and myositis and chronic fatigue as well as psychological diagnosis. Aquatic therapy could very well help her with her pain and mobility. Therefore, the request is medically necessary.