

Case Number:	CM14-0203683		
Date Assigned:	12/16/2014	Date of Injury:	05/01/1999
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 66 year old patient with date of injury of 05/01/1999. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, spinal/lumbar degenerative disc disease and post cervical laminectomy syndrome. Subjective complaints include back pain that radiates down right leg, low back and bilateral knee pain; pain rated 6/10. Objective findings include decreased left knee, cervical and lumbar range of motion, tenderness of the cervical and lumbar spine, slight swelling to left knee and decreased motor strength to left lower extremity; cervical range of motion - 40 degrees, extension 30, lateral rotation to left 30 and to the right 20; mild tenderness noted on the right paravertebral muscles, Spurling's negative; lumbar spine range of motion - flexion 60 degrees, extension 10; tenderness noted over right hip SI joint and trochanter, FABER test positive; left knee range of motion - flexion 130, extension 20. MRI of lumbar spine dated 06/21/2007 reveals disc herniation noted at L2-L3, L3-L4 and L4-L5, neuroforaminal stenosis L4-L5 bilateral. EMG/NCS dated 11/02/2007 revealed mild nerve root irritation L5 and S1. Treatment has consisted of Lidoderm, Premarin, Tamoxifen, Celexa, Gabapentin and Ultracet. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Ultracet #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60 with 1 refill: 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 and 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 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 states regarding tramadol that "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." ODG 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 tramadol prior to the initiation of this medication. As such, the request for Ultracet #60 with 1 refill is not medically necessary.