

<b>Case Number:</b>	CM14-0217487		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 claimant has a history of a work injury occurring on 02/06/14 when she developed low back pain and stiff Ms. after carrying a heavy tray. Treatments included chiropractic care with modalities. An MRI of the lumbar spine on 05/30/14 showed findings of lower lumbar disc protrusions with facet hypertrophy. She was seen on 12/09/14. She had ongoing radiating back pain rated as high as 9/10 and decreased to 6/10 with her current medical treatment. She was taking Norco 10/325 mg up to two times per day and Anaprox. She was continuing to take Flexeril. Medications were Norco 10/325 mg four times per day, Ultracet two times per day, Prilosec, Anaprox, and she was using medical marijuana. Physical examination findings included decreased and painful lumbar spine range of motion with trigger points and positive facet loading. She had decreased lower extremity strength and sensation. The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating back pain.

### 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 (Date of service: 12/9/14):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80, 86.

**Decision rationale:** Ultracet (acetaminophen and tramadol) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The claimant is also taking Norco. However, the total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultracet was medically necessary.