

<b>Case Number:</b>	CM15-0005582		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/14/1997
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53 year old female, who sustained an industrial injury on 4/14/1997. The current diagnoses are lumbago and displacement of lumbar intervertebral disc without myelopathy. Currently, the injured worker complains of low back pain that radiates down her right leg and occasionally down her left leg. The pain was rated 6-7/10 at its worst and 2/10 at its best. Treatment to date has included medications. The treating physician is requesting Ultracet 37.5/325mg #120, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for Ultracet 37.5/325mg #120. The Ultracet was modified to #40 to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 12/18/14 progress report provided by treating physician, the patient presents with low back pain rated 2-7/10 that radiates down the bilateral legs. The request is for ULTRACET 37.5/325MG #120 WITH 2 REFILLS. Patient's medications include Ultracet, Cyclobenzaprine and Prilosec. The patient is permanent and stationary, per treater report dated 09/25/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultracet was prescribed in progress reports dated 01/30/14, 04/07/14 and 12/18/14. In this case, treater has not discussed how Ultracet decreases pain and significantly improves patient's activities of daily living. There are not pain scales or validated instruments addressing analgesia. There are no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Furthermore, there is no documentation of trial of other first-line oral analgesics. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.