

Case Number:	CM15-0008647		
Date Assigned:	01/26/2015	Date of Injury:	08/21/2013
Decision Date:	03/17/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 32 year old male with an industrial injury dated 08/21/2013. He currently was complaining of ongoing chronic low back pain in visit notes for August, September, October and November 2014. According to progress note dated 10/15/2014 MRI of the lumbar spine done on 01/23/2014 showed some congenital narrowing of the foramen throughout, otherwise negative. He was being treated with Motrin and Ultracet and was doing well with the medications. Diagnosis was low back pain. On 01/01/2015 utilization review non-certified the request for Ultracet (37.5 mg Tramadol HCl/325 mg acetaminophen tablets). MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (37.5mg Tramadol HCl/325mg. Acetaminophen Tablets): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to ultracet to justify ongoing use. The medical necessity of ultracet is not substantiated.