

Case Number:	CM15-0103902		
Date Assigned:	06/08/2015	Date of Injury:	09/01/2001
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 48-year-old male injured worker suffered an industrial injury on 09/01/2001. The diagnoses included lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, depression and medications induced gastritis. The injured worker had been treated with 5 spinal surgeries and medications. On 4/21/2015 the treating provider reported he wanted to trial Ultracet to keep the Norco to a minimum. He was still experiencing significant post-operative pain 19 days after surgery. On exam, there was tenderness to the lumbar spine with restricted range of motion and reduced reflexes to the bilateral lower extremities along with positive straight leg raise, eliciting radicular symptoms. The treatment plan included Retrospective Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet 37.5/325 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2001 and underwent lumbar spine fusion revision surgery in April 2015. When seen less than 3 weeks later, he was having significant postoperative pain. Physical examination findings included appearing in slight distress and moving slowly. There was lumbar paraspinal muscle tenderness with increased muscle tone and numerous trigger points. There was decreased lumbar spine range of motion and decreased lower extremity strength. Straight leg raising was positive and there was decreased lower extremity sensation. OxyContin, Norco, and Ultracet were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management in the acute post-operative period. There were no identified issues of abuse or addiction. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Ultracet was medically necessary.