

Case Number:	CM15-0105259		
Date Assigned:	06/15/2015	Date of Injury:	11/27/2001
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 73 year old female who sustained an industrial injury on 11/27/01. The injured worker was diagnosed as having post-laminectomy lumbar region/failed back, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica/neuralgia or neuritis of sciatic nerve, reflex sympathetic dystrophy of the upper limb and lumbosacral spondylosis without myelopathy. Currently, the injured worker was with complaints of low back pain with radiation to the right buttock and lower extremities. Previous treatments included medial branch blocks, medication management, status post spinal cord stimulator insertion, injection therapy, functional restoration program, status post radiofrequency ablation, status post cervical fusion and status post lumbar laminectomy. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured workers pain level was noted as 2-3/10. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5./325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids for Neuropathic Pain, Opioids, Criteria for Use Page(s): 80-82, 82-83, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 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. The medical documentation provided indicates that this patient has weaned from oral pain medications as they were not effective. As such, the request for Ultracet 37.5./325mg #60 with 2 refills is not medically necessary.