

Case Number:	CM15-0134495		
Date Assigned:	07/17/2015	Date of Injury:	10/17/2011
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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, 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 injured worker is a 65 year old male patient who sustained an industrial injury on 10/17/2011. A recent primary treating office visit dated 01/13/2015 reported the patient with subjective complaint of having low back pain now about three months post-operative laminectomy. He is reducing medication by using only one Norco daily and no NSAID's. He did get good relief from using Voltaren gel and wishes to continue. Current medications are: Voltaren gel, Flexeril, Norco 10/325mg, and Omeprazole. The following diagnoses were applied: lumbago, low back pain and post laminectomy syndrome, lumbar. The plan of care involved: utilizing Voltaren instead of NSAID's, continue Norco at HS, and return follow up in one month. Radiography study dated 02/05/2015 showed post-surgical changes of the lumbar spine, stable from prior study. A follow up dated 02/05/2015 reported the patient continues to slowly improve. He discontinued all narcotics and is getting by using over the counter Tylenol. He ambulates using a cane in the right hand. The assessment found the patient not ready for supervised physical therapy session yet as there is still lifting restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultracet 37.5/325 mg #120, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet 37.5/325 mg #120 is not medically necessary.