

<b>Case Number:</b>	CM15-0140262		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 7-6-2010. The current diagnoses are chronic low back pain, bilateral knee pain, depression, anxiety, and right shoulder, elbow, and wrist pain. According to the progress report dated 7-2-2015, the injured worker complains of low back, right knee, and right wrist and elbow pain. The level of pain is not rated. The physical examination was documented as "no significant change". The current medications are Norco, Ultracet, and Flexeril. Per notes, the medications allow her to exercise regularly, (self-guided water therapy), work full-time, and take care of activities of daily living. There is documentation of ongoing treatment with Norco since at least 10-13-2011 and Ultracet from 5-1-2012. Treatment to date has included medication management, x-rays, ice, physical therapy, MRI studies, electrodiagnostic testing, and home exercise program. Work status was described as working full-time with restrictions. Her restrictions include no lifting, pushing or pulling greater than 15 pounds. A request for Ultracet and Norco has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultracet 37.5/325mg quantity 120 DOS 7/2/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94;113.

**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 Retrospective Ultracet 37.5/325mg quantity 120 DOS 7/2/15, California Pain Medical Treatment Guidelines state that Ultracet 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. Guidelines also state that the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Retrospective Ultracet 37.5/325mg quantity 120 DOS 7/2/15, is medically necessary.

**Norco 10/325 do not dispense until 8/2/15 quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation [www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306\\_12.htm](http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_12.htm).

**Decision rationale:** Regarding the request for Norco 10/325 do not dispense until 8/2/15 quantity 60, California Pain Medical Treatment Guidelines state that Norco 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. Guidelines do not address issuance of multiple prescriptions. The DEA states that if "the individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse", an individual practitioner may issue multiple prescriptions. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325 do not dispense until 8/2/15 quantity 60, is medically necessary.

**Ultracet 37.5/325mg do not dispense until 8/2/15 quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94;113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation [www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306\\_12.htm](http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_12.htm).

**Decision rationale:** Regarding the request for Ultracet 37.5/325mg do not dispense until 8/2/15 quantity 120, California Pain Medical Treatment Guidelines state that Ultracet 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. Guidelines do not address issuance of multiple prescriptions. The DEA states that if "the individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse", an individual practitioner may issue multiple prescriptions. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Ultracet 37.5/325mg do not dispense until 8/2/15 quantity 120, is medically necessary.