

<b>Case Number:</b>	CM15-0147012		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/03/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 40 year old male, who sustained an industrial injury on August 3, 2014. He reported an injury to his low back. Treatment to date has included lumbar epidural steroid injections, physical therapy, home exercise program, diagnostic imaging, work restrictions, surgical consultation, NSAIDS, and opioid pain medications. Currently, the injured worker complains of continued low back pain. He reports that he received 60% pain relief from his previous lumbar epidural injection and he was able to cut his medication use by 30% and was more active. He reports being able to perform more activities of daily living. An EMG revealed an acute right L5 radiculopathy. On physical examination the injured worker has tenderness to palpation over the bilateral posterior lumbar musculature with increased muscle rigidity. He has numerous palpable trigger points and decreased lumbar range of motion with muscle guarding. He had decreased sensation to pinprick at the L5-S1 dermatome bilaterally. He exhibited a positive straight leg raise in a modified sitting position with radicular symptoms in the bilateral lower extremities. An MRI of the lumbar spine in October, 2014 revealed loss of disc height at L4-5 with right paracentral disc protrusion and neural foramen impingement. The diagnoses associated with the request include lumbar disc herniation with radiculopathy, and acute L5 radiculopathy. The treatment plan includes lumbar transforaminal epidural steroid injection, Anaprox DS, Prilosec, Ultracet, and Doral.

### 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 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, opioids Page(s): 75-80, 94.

**Decision rationale:** Ultracet is a combination of tramadol and acetaminophen. Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. The request is not medically necessary.