

Case Number:	CM15-0185700		
Date Assigned:	09/25/2015	Date of Injury:	09/20/2006
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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 injured worker is a 54 year old male, who sustained an industrial injury on 9-20-2006. The injured worker is undergoing treatment for: low back, left knee and right ankle. On 6-29-15, he reported pain to the back and indicating having several episodes of it going out on him, having more flare ups and missing work. He also reported left knee pain, and right ankle pain. He indicated he was having difficulty getting in and out of bed. His pain level is not documented. On 7-31-15, he reported pain of the low back, left knee and right ankle. He indicated he is working 40 hours per week, and "trying to survive on Norco". He reported doing chores, ability to stand up to 45 minutes, sit for 1.5 hours, walk 20 minutes. His pain level is not documented. On 8-31-15, he reported pain to the low back, left knee, and right ankle. His pain level is not rated. Physical findings of the low back revealed tenderness, spasms and positive straight leg raise on the right. The objective findings do not discuss other body parts. The records do not discuss efficacy of Ultracet, side effects of medication or aberrant behaviors. The treatment and diagnostic testing to date has included: medications, TENS, completed an unclear amount of chiropractic care and an unclear amount of acupuncture, urine drug screen (5-18-15) was consistent, back brace, knee brace, two series Hyalgan injections, cortisone injections, trigger point injection of lumbar spine (8-31-15). Medications have included: Norco, Flexeril, Trazodone, Protonix, Celebrex, Aciphex, Lunesta, Norflex, Neurontin; and Tramadol (since at least June 2015). Current work status: reported as "the patient will return to work on September 2, 2015". The request for authorization is for: Ultracet 37.5mg quantity 60. The UR dated 9-9-15:

certified Celebrex 200mg quantity 30, Protonix 20mg quantity 60, Topamax 50mg quantity 60, and modified Ultracet 37.5mg quantity 10 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and continues to be treated for low back, left knee, and right ankle pain. He was seen by the requesting provider on 08/31/15. He was continuing to take Norco. Urine drug screening in May 2015 had been consistent with his prescribed medications. His standing, walking, sitting, and lifting tolerances were reviewed. Physical examination findings included left knee joint line tenderness. There were lumbar paraspinal muscle spasms with positive facet loading and positive right straight leg raising. Authorization was requested for medications including Norco and Ultracet. The total MED (morphine equivalent dose) was 55 mg per day. The Norco MED was 10 mg and Ultracet MED was 7.5 mg per dose. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. There would be no need to prescribe to combination opioid medications with equivalent MED doses. Continued prescribing is not medically necessary.