

Case Number:	CM15-0185712		
Date Assigned:	09/25/2015	Date of Injury:	05/09/2013
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
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 55 year old male, who sustained an industrial injury on 5-9-2013. Medical records indicate the worker is undergoing treatment for status post lumbar 4-5 laminectomy and discectomy, lumbar discogenic condition with facet inflammation and chronic pain syndrome. A recent progress report dated 8-12-2015, reported the injured worker complained of low back pain, anxiety and depression. The low back pain was not quantified on this visit. Physical examination revealed lumbar tenderness along the paraspinal muscles and facets. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), surgery, physical therapy, Norco, Protonix, Effexor, Ultracet, Trazodone and Naproxen. The remaining medical records do not include Ultracet as being used prior to the 8-12-2015 visit. On 8-12-2015, the Request for Authorization requested Ultracet 37.5-325mg #60. On 8-31-2015, the Utilization Review noncertified the request for Ultracet 37.5-325 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet TAB 37.5-325 (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (online version) Opioids for chronic pain.

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

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for chronic pain with a history of a lumbar laminectomy at L4/5 on 05/20/13. When seen, he was having ongoing back pain with secondary depression and anxiety. Physical examination findings included lumbar spine paraspinal muscle and facet tenderness. Facet loading was positive. Norco and Ultracet were prescribed. The total MED (morphine equivalent dose) was 35 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 prescribed to combination opioid medications with equivalent MED doses. Continued prescribing is not considered medically necessary.