

Case Number:	CM15-0187096		
Date Assigned:	09/29/2015	Date of Injury:	12/14/2006
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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

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 male, who sustained an industrial injury on 12-14-2006. The injured worker is undergoing treatment for chronic right wrist pain, low back and neck pain. On 6-9-15, he reported bilateral hand swelling. He indicated medications help him to do daily activities including some work. He reported taking medications sparingly. On 8-25-15, he reported low back and neck pain that was "mostly unchanged". He also reported right wrist pain. He indicated he had not taken medications for a month since insurance was not paying for medications. He rated his pain 7 out of 10. There is notation of a signed opioid agreement. He reported side effects of vomiting with Hydrocodone, and throat itching with Robaxin. Physical finding revealed no difficulty with ambulation, decreased forward flexion lumbar range of motion, tenderness is noted to the low back and neck. Norco is noted to have given him "some benefit". The records do not discuss the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: right wrist surgery (May 2007), electrodiagnostic studies (April 2008), magnetic resonance imaging of the cervical spine, left shoulder (April 2008), magnetic resonance imaging of the lumbar spine (July 2009), urine drug screen (date unclear) is reported to have been consistent per report on date of service 4-20-15. Medications have included: Norco, Robaxin, Aleve, and Ibuprofen. He is reported to have been utilizing Norco since at least February 2015. Current work status: He is working; however, it is unclear if this is at full duty. The request for authorization is for: Ultracet 37-5-325mg twice per day as needed quantity 60 (prescribed 8-25-15). The UR dated 9-9-2015:

non-certified the request for Ultracet 37.5-325mg twice per day as needed quantity 60 (prescribed 8-25-15).

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 prescribed on 8/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

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

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with low back pain, neck pain, right wrist pain, and bilateral arm pain rated 7/10 on VAS scale. The treater has asked for ULTRACET 37.5-325MG #60 PRESCRIBED ON 8/15/15 on 8/25/15. The patient's diagnosis per request for authorization dated 9/1/15 is cervicgia. The patient's medications help him to do walking and some work per 8/25/15 report. The patient has taken Aleve and Ibuprofen in the past with minimal benefits per 8/25/15 report. The patient is not currently taking any medications per 8/25/15 report. The patient is s/p right wrist surgery from May 2007 per 7/10/15 report. The patient has swelling in bilateral hands per 6/9/15 report. The patient is currently working per 8/25/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." The treater does not discuss this request in the reports provided. Patient is not currently taking any medications, but has a history of opioid use (Norco and Robaxin in reports dated 2/23/15, 4/20/15, and 6/9/15). This appears to be an initiating request for Ultracet. MTUS requires appropriate discussion of all the 4 A's; however, in addressing the 4 A's, the treater does

not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, and no CURES report in the provided reports. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. In addition, MTUS pg. 113 states that Tramadol is not recommended as a first-line oral analgesic. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.