

Case Number:	CM15-0188688		
Date Assigned:	09/30/2015	Date of Injury:	08/21/2013
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This 32 year old male sustained an industrial injury on 8-21-13. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included physical therapy, home exercise and medication management. In a PR-2 dated 1-8-15, the injured worker complained of ongoing low back pain. The physician noted that the injured worker continued to do well with Motrin and Ultracet. The injured worker used Ultracet on an as needed basis, about once a day. Physical exam was remarkable for "some" tenderness to palpation to the lumbar spine with "increased" pain with range of motion mostly in flexion to about 45 degrees. Urine drug screen on 9-1-14 was negative for Tramadol. The treatment plan included continuing Ibuprofen and Ultracet. In PR-2's dated 2-5-15 and 3-10-15, the injured worker complained of low back pain, rated 7 out of 10 without medications and 4 to 5 out of 10 with medications. In a PR-2 dated 6-2-15, the injured worker complained of pain 7 out of 10 without medications and 6 out of 10 with medications. In a PR-2 dated 7-28-15, the injured worker complained of pain 7 out of 10 without medications and 6 out of 10 with medications. The injured worker reported that Ultracet and ibuprofen "took the edge off" and allowed him to be active at home with activities of daily living and home exercise. Physical exam was remarkable for continued tenderness to palpation to the lumbar spine paraspinal musculature. The physician noted that urine drug screen from 6-2-15 was "consistent". The treatment plan included a prescription for Ultracet and Ibuprofen and requesting authorization for six sessions of acupuncture. On 9-8-15, Utilization Review modified a request for Ultracet 37.5-325mg #60 with one refill to Ultracet 37.5-325mg #60 with no refills to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg twice daily #60 with 1 refill: 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, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work injury in August 2013 when he sustained a twisting injury to the low back and is being treated for low back pain. In February 2015 medications were Motrin and Ultracet which were decreasing pain from 7/10 to 4-5/10. When seen, medications now decreasing pain from 7/10 to 6/10. Motrin and Ultracet were allowing for increased activities of daily living and performance of a home exercise program. He had been started on an antidepressant medication. There was lumbar paraspinal muscle tenderness. His body mass index is nearly 36. Ultracet (tramadol/acetaminophen) is a short acting combination opioid 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 what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how Ultracet in particular is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.