

Case Number:	CM15-0192780		
Date Assigned:	10/06/2015	Date of Injury:	09/18/2010
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii

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(n) 49 year old female, who sustained an industrial injury on 9-18-10. The injured worker was diagnosed as having lumbosacral degeneration, low back pain and lumbosacral radiculitis. Medical records (2-25-15 through 7-27-15) indicated 3-7 out of 10 pain in her lower back and difficulty sleeping. The physical exam (4-17-15 through 7-27-15) revealed an antalgic gait, a positive straight leg raise test on the left and "loss" of lumbar range of motion. The injured worker reported not being able to return to work due to low back pain. As of the PR2 dated 8-31-15, the injured worker reports chronic low back pain. She rates her pain 6 out of 10. Objective findings include an antalgic gait, a positive straight leg raise test on the left and "loss" of lumbar range of motion. Current medications include Aleve, Cyclobenzaprine and Ultracet (since at least 1-30-15). Treatment to date has included physical therapy completed in 6-2015 (number of sessions not provided), acupuncture x 6 sessions from 8-19-15 through 9-29-15, a lumbar MRI on 7-24-15 showing a large central-left paracentral herniated nucleus pulposus at L4-L5 and psychotherapy. On 9-1-15, the treating physician requested a Utilization Review for Ultracet 37.5-325mg #120 x 3 refills. The Utilization Review dated 9-9-15, non-certified the request for Ultracet 37.5-325mg #120 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg/325mg, #120 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Ultracet 37.5mg/325mg, #120 with 3 refills. The treating physician report dated 10/6/15(11B) states, "This medication allows her to continue HEP and working part time. Requesting kind authorization of this medication for this patient." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Ultracet since at least 5/26/15 (17B). The report dated 10/6/15 (8B) notes that the patient's current pain level is 4-8/10. No adverse effects or adverse behaviors were noted by patient. The patient's ADL's have improved such as the ability to work part time. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Ultracet has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.