

Case Number:	CM15-0194658		
Date Assigned:	10/08/2015	Date of Injury:	12/10/2004
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 12-10-04. The injured worker was diagnosed as having lumbar spinal multilevel discopathy with spondylolisthesis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (2-20-09). Currently, the PR-2 notes dated 7-17-15 indicated the injured worker returns to this office for an orthopedic re-evaluation. The injured worker complains of progressively having worse low back pain, radiating to the lower extremities. The pain is at constant "8-9 out of 10" per the provider's documentation. He also notes the injured worker "makes use of Norco 10-325mg as well as the Ultracet". He reports he is presently not working. On physical examination, the provider documents "There is painful heel-toe walk on the right with some loss of balance. There is spasm in the paralumbar musculature radiating to the right sacroiliac joint with tenderness. Forward flexion is 10 degrees with pain and facial grimace. Extension is 5 degrees. Lateral bending is 5 degrees to the right and 10 degrees to the left. There is decreased L5-S1 sensation on the right lower extremity. Intact at 2 out of 2 knee and ankle jerks for deep tendon reflexes. There is 2+ out of 5 motor power on the right leg and 4 out of 5 on the left leg against resisted forward flexion at the knee. Straight leg raise test is positive at 50 degrees on the right and 60 degrees on the left." The provider is requesting authorization of his medication - Ultracet and a CT scan of his lumbar spine which is still pending authorization. PR-2 notes were submitted going back to 2-27-15 and these notes indicted the injured worker was prescribed Ultracet at that time. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-11-115 and non-certification for Ultracet (Tramadol HCL and Acetaminophen) 37.5/325 mg #60, one tablet by mouth every 6/8 hours as needed with one refill. A request for authorization has been received for Ultracet (Tramadol HCL and Acetaminophen) 37.5/325 mg #60, one tablet by mouth every 6/8 hours as needed with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (Tramadol HCL and Acetaminophen) 37.5/325 mg #60, one tablet by mouth every 6/8 hours as needed with one refill: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Ultracet along with Norco for over 6 months. The claimant was noted to be getting effective pain relief and function with Norco. There is no indication to combine multiple opioids and no one opioid is superior to another. Pain scores were not routinely noted. Continued use of Ultracet is not medically necessary.