

Case Number:	CM15-0212720		
Date Assigned:	11/02/2015	Date of Injury:	05/08/2000
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 52-year-old female, with a reported date of injury of 05-08-2000. The diagnoses include lumbar disc disease with spinal stenosis and bilateral radiculopathy, left greater than right, bilateral plantar fasciitis. The progress report dated 09-22-2015 indicates that the injured worker reported a flare-up of her back and her plantar fasciitis. There was left calf cramping. It was noted that she has been using more of her medications. There was documentation that a pain contract is "in place"; there were no adverse effects to her medications; the injured worker found herself able to function "somewhat" with medications; and her activities of daily living were better with medications than without them. There was no documentation of the injured worker's pain ratings. The objective findings include muscle guarding with palpation in the lumbar paravertebral muscles; an antalgic gait; unwilling to hop on either foot due to pain, which was consistent for bilateral sciatica and plantar fasciitis; trace reflexes at the knees and ankles bilaterally with reinforcement; ongoing pain with palpation about the right sacroiliac joint; tenderness of the left sciatic notch; ongoing pain with palpation about the left iliotibial band; ongoing pain with palpation about the lateral left calf; tenderness about the plantar surface of the right foot; supine strait left raise tolerated 65-90 degrees on the left; positive Fabere's and Patrick sign on the right; and lumbar extension at 10 degrees. The injured worker's work status was not indicated. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Tramadol (since at least 03-2015) and Anaprox. The request for authorization was dated 09-29-2015. The

treating physician requested Ultracet 50mg #180. On 10-07-2015, Utilization Review (UR) non-certified the request for Ultracet 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Ultracet 50mg #180: Upheld

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

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

Decision rationale: Ultracet is the compounded medication containing tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been Ultracet receiving since at least March 2015 and has not obtained analgesia. In addition there is no documentation that the patient is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.