

Case Number:	CM15-0222404		
Date Assigned:	11/18/2015	Date of Injury:	03/28/2012
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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:

This 54 year old man sustained an industrial injury on 3-28-2012. Diagnoses include lumbar discogenic disease, lumbar radiculopathy, and left hip degenerative joint disease. Treatment has included oral medications including Anaprox, Prilosec, and Ultracet. Physician notes dated 9-9-2015 show complaints of chronic low back pain, left hip pain, and left lower extremity radicular pain. The physical examination shows tenderness to palpation of the left hip at the greater trochanter. Pain is noted with internal and external rotation as well as flexion and extension. "Decreased" range of motion is noted, however, measurements are not recorded. The lumbar spine shows "decreased" range of motion with extension and flexion. Pain is noted with extension and bilateral rotation. Facet tenderness is noted as well as positive straight leg raise and Lasegue on the left. Recommendations include continue home exercise program, TENS unit, Ultracet, Anaprox, Prilosec, chiropractic physical therapy, and follow up in six to eight weeks. Utilization Review denied a request for Ultracet on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet tablets 37.5/325 mg Qty 90, 2 tablets 2 times daily as needed: Upheld

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

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

Decision rationale: The requested Ultracet tablets 37.5/325 mg Qty 90, 2 tablets 2 times daily as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain, left hip pain, and left lower extremity radicular pain. The physical examination shows tenderness to palpation of the left hip at the greater trochanter. Pain is noted with internal and external rotation as well as flexion and extension. "Decreased" range of motion is noted, however, measurements are not recorded. The lumbar spine shows "decreased" range of motion with extension and flexion. Pain is noted with extension and bilateral rotation. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet tablets 37.5/325 mg Qty 90, 2 tablets 2 times daily as needed is not medically necessary.