

<b>Case Number:</b>	CM15-0038486		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/29/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 30-year-old female who sustained a work related injury on January 29, 2012, incurring back injuries and hand injuries. She had a previous back injury in 2011 after a fall. She was diagnosed with right and left wrist sprains, right and left carpal tunnel and a lumbar sprain, lumbar radiculopathy, with lumbar disc bulges. Treatment included home exercises, back brace, physical therapy, anti-inflammatory drugs, pain medications, and epidural steroid injections. Currently, the injured worker complained of persistent low back pain and right wrist pain. On February 4, 2015, a request for one prescription for Ultracet, unknown quantity and dose, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet, unknown quantity and dose:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63-64, 78, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index,(web) Pain Chapter, Tramadol; RxList.com - Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet unspecified dose and quantity is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right wrist sprain/strain; left wrist strain/sprain; lumbar strain/sprain; lumbar multiple disk bulges. The most recent progress note medical record is dated November 20, 2014. The request for authorization was February 4, 2015. The documentation in the request for authorization lists Ultracet without a dose and quantity. The utilization review physician attempted a peer-to-peer call to clarify the Ultracet, but was unable to contact the treating physician. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There was no documentation with objective functional improvement as it relates to Ultracet. Consequently, absent clinical documentation with objective functional improvement and an accurate dose and strength for the requested drug - Ultracet unspecified dose and quantity is not medically necessary.