

<b>Case Number:</b>	CM15-0044089		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 39-year-old male, who sustained a work related injury on 4/20/12. He was lifting a glass window when the suction handle failed and the glass fell on his shoulder bringing him down to the ground. The diagnoses have included low back pain, multilevel degenerative disc disease and disc protrusion at L5-S1. Treatments to date have included MRI lumbar spine 7/27/12, H-wave therapy, epidural injection, lumbar spine x-rays dated 10/21/14, TENS unit therapy and home exercises. In the PR-2 dated 2/4/15, the injured worker complains of ongoing back pain and radicular symptoms in the left leg. He states, "After walking for period of time, he has cramping in the left leg." "He is managing relatively well." The physician finds the injured worker sits uncomfortably with his left leg outstretched. He walks with a mildly antalgic gait. The treatment plan is to request authorization of a 2-month supply of Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (1) Prescription of Ultracet 37.5/325MG #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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, retrospective Ultracet 37.5/325mg #240 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnosis is low back pain. Subjectively, the injured worker complains of ongoing low back pain with particular symptoms. There is no pain scale in the medical record. Objectively, there are no physical findings. The injured worker walks with an antalgic gait. The documentation indicates Ultracet was started June 26, 2012. The dosing frequency was Ultracet 37.5/325 mg QID. Presently, the dosing frequency remains the same. There has been no attempt to wean the opiate. There are no pain assessments in the medical record (with ongoing opiate use). There is the risk assessment in the record. The documentation does not contain evidence of objective functional improvement with ongoing Ultracet. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessment, pain assessments with an attempt to wean down on the Ultracet, retrospective Ultracet 37.5/325mg #240 is not medically necessary.