

<b>Case Number:</b>	CM15-0049577		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51-year-old male, who sustained an industrial injury on 2/18/09. The diagnoses have included lumbar strain/sprain syndrome, lumbar disc disease with lower extremity radicular symptoms, depression/anxiety, medication induced gastritis, and right knee internal derangement. Surgery has included posterior lumbar interbody fusion. Treatment to date has included medications, diagnostics, surgery, spinal cord stimulation, physical therapy and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/27/15, the injured worker complains of persistent low back pain with debilitating radicular symptoms to the left lower extremity. He has undergone trial of spinal cord stimulator for 5 days with excellent relief approximately 80 percent of his low back pain and left lower extremity radicular symptoms. He was able to do more activities of daily living (ADL's) and is anxious to proceed with permanent implanted stimulator. He rates the low back pain 8/10 in intensity on pain scale. He remains on his current oral analgesic medications which enabled him to have increased function and states that the pain can go to 10/10 without pain medication but with current medication is decreased to 6/10. Physical exam of the lumbar spine revealed tenderness on the left greater than the right, palpable trigger points that were tender to palpation, decreased range of motion due to pain, decreased motor strength in the left lower extremity compared to the right due to pain, decreased sensation in the left lower extremity, and positive straight leg raise on the left. The physician noted that the injured worker suffers from post laminectomy syndrome and his symptoms have been getting progressively worse in spite of conservative treatment and use of medications. He recently had a lumbar Epidural Steroid Injection (ESI) on 7/7/14, which

provided 50 percent relief, but for only a short time. The current medications included Norco, Prilosec, Fexmid, Ambien, Remeron, Carafate, Neurontin, Colace and Anaprox. The physician refilled the medications and the physician requested treatment included Ultracet 37.5/325 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5/325 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old male has complained of low back pain since date of injury 2/18/09. He has been treated with lumbar spine surgery, spinal cord stimulator, epidural steroid injection, physical therapy and medications to include opioids since at least 08/2014. The current request is for Ultracet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultracet is not indicated as medically necessary.