

<b>Case Number:</b>	CM15-0049793		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 3, 2011. In a utilization review report dated February 23, 2015, the claims administrator failed to approve a request for Ultracet and Percocet. An RFA form received on February 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was asked to continue anti-inflammatory medications for the same and employ Ultracet and Percocet for more severe pain complaints if and when they arose. The applicant was apparently returned to regular-duty work. In an earlier note dated January 27, 2015, the applicant reported neck pain, low back pain, and knee pain. The applicant was given a diagnosis of moderate osteoarthritis of the right knee. The applicant was 44 years old as of that point in time. In an earlier note dated January 7, 2015, the applicant was described as using Naprosyn and Norco for pain relief. The remainder of the file was surveyed. There was no evidence that the applicant had received prescriptions for either of the medications in question, Percocet or Ultracet, prior to February 10, 2015. The applicant had undergone right knee surgery on December 17, 2014, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** Yes, the request for Ultracet is medically necessary, medically appropriate, and indicated here. Ultracet is an amalgam of tramadol and acetaminophen. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first-line oral analgesic, in this case, however, Ultracet (Tramadol acetaminophen) was seemingly introduced on February 10, 2015 on the grounds that analgesia with NSAIDs such as Naprosyn was inadequate. Therefore, the first-time request for Ultracet is medically necessary.

**Percocet 7.5/325mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

**Decision rationale:** Similarly, the request for Percocet, a short-acting opioid, is likewise medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, a short-acting opioid such as Percocet is an effective method of controlling chronic pain and is often used for intermittent or breakthrough pain. Here, as with the preceding request, Percocet was introduced on February 10, 2015, seemingly on the grounds that analgesia with Naprosyn alone had proven unsuccessful. The applicant did have moderate-to-severe knee complaints associated with moderate-to-severe knee osteoarthritis, the treating provider posited. Introduction of Percocet was, thus, indicated on or around the date in question, February 10, 2015. Therefore, the request is medically necessary.