

Case Number:	CM15-0050043		
Date Assigned:	03/23/2015	Date of Injury:	10/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 10/13/13. She has reported low back injury while moving a bed and making it. The diagnoses have included lumbar pain/strain and sacroiliitis on the right side. Treatment to date has included medications, diagnostics, physical therapy, pain management, activity modifications, and Epidural Steroid Injection (ESI). Currently, as per the physician progress note dated 12/17/14, the injured worker complains of low back pain mainly on the right side. The pain increases with activities. She has had difficulty with several medications and the Ultracet has been beneficial. It was noted that she has not responded to the Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and that she has had issues and side effects with stronger medications. She has opted to proceed with sacroiliac injection as recommended by the physician however it was denied. The physician noted that the injured worker may continue with using Ultracet for her current pain complaints. The physician also recommended that she be involved in a Home Exercise Program (HEP). There was no physical exam or current medications noted. The progress note dated 8/18/14, she had complained of pain in the right buttocks area that radiates down the leg. She rated the pain 7-8/10 on pain scale. The physical exam of the lumbar spine revealed tenderness to palpation, sacroiliac joint was worse on the right side, and positive Fabere and Gaenslen tests were noted. Work status was modified with restrictions. The physician requested treatment included Ultracet 37.5mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, on-going management Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/23/15 progress report provided by the treating physician, this patient presents with right-sided low back pain that hasn't improved much. The treater has asked for ULTRACET 375MG #60 on 1/23/15. The patient's diagnosis per Request for Authorization form dated 2/11/15 is sacroiliitis. The treater states that the patient has had problems with Tramadol in the past, but Hydrocodone is excessive per 11/19/14 report. The patient states that Ultracet has been helpful per 1/23/15 report. The patient has not responded to NSAIDs and has had side effects with stronger medications per 12/17/14 report. The patient still has stomach irritation despite discontinuing NSAIDS per 1/23/15 report. The patient's pain increases with standing/walking/bending/twisting, and some of her activities at work and at home per 1/23/15 report. The patient is currently taking Ultracet and Omeprazole per 1/23/15 report. The patient is on modified work duties for two days a week, and is working on full active duty the other three days a week. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Ultracet has been included in patient's medications per treater reports dated 11/19/14, 12/17/14 and 1/23/15. The patient was taking Hydrocodone as of 10/1/14 report, but the treater switched to Ultracet as of 11/19/14 report. The Ultracet is stated to be "helpful" per 1/23/15 report, but the treater has not stated how Ultracet significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No urine drug screen was included in the documentation. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.