

Case Number:	CM15-0051013		
Date Assigned:	03/24/2015	Date of Injury:	09/09/2002
Decision Date:	11/25/2015	UR Denial Date:	03/16/2015
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: Texas, Florida, 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:

This is a 60-year-old female with a date of industrial injury 9-9-2002. The medical records indicated the injured worker (IW) was treated for cervical post-laminectomy syndrome; status post anterior cervical discectomy with bilateral foraminotomies (2003); lumbar myoligamentous sprain-strain syndrome with degenerative changes; status post lumbar laminectomy and discectomy (2011); bilateral lower extremity radiculopathy; cervicogenic headaches, cervical and lumbar spinal cord stimulator implants; and left shoulder sprain-strain. In the progress notes (1-23-15, 2-25-15), the IW reported neck, low back and left shoulder pain with cervicogenic headaches. Her pain medications helped her function throughout the day; the Anaprox and Lidopro helped reduce her intake of Norco. Medications included Norco, Topamax, Anaprox, Imitrex, Lidopro topical cream, Oxycontin, Neurontin and Cymbalta. Ultracet 37.5-325mg was prescribed on a trial basis as an alternative to Norco to help decrease Norco intake. On examination (2-25-15 notes), cervical spine range of motion was decreased and motor testing was 5 out of 5 with deep tendon reflexes 2 out of 4 in the bilateral upper extremities. Sensation was decreased in the C5 to C6 distribution and in the bilateral posterolateral thighs and lateral calves. There was tenderness in the left shoulder area and pain with end ranges of motion and tenderness in the lumbar spine with muscle rigidity and decreased range of motion. Treatments included trigger point injections, with 50% pain relief for two weeks; steroid injection to the left shoulder, with relief for just over two weeks; spinal cord stimulators for the cervical and lumbar spine, which provide good relief for upper and lower extremity paresthesias; physical therapy (with benefit) and acupuncture (with benefit). A urine drug test dated 12-29-14 was inconsistent for prescribed medications. A Request for Authorization was received for 5 Ultracet 37.5-325mg #90. The Utilization Review on 3-16-15 non-certified the request for 5 Ultracet 37.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Ultracet 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The injury is from 2002, now 13 years ago. The Tramadol/Acetaminophen compound usage now dates to at least last February. The Tramadol/Acetaminophen combination allegedly was prescribed to reduce Norco usage, but that is not evident from the records. Per the MTUS, Tramadol, the main component of this combination, is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.