

Case Number:	CM15-0055255		
Date Assigned:	03/30/2015	Date of Injury:	06/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 67 year old male, who sustained an industrial injury on 06/21/2013. He has reported injury to the lower back. The diagnoses have included lumbosacral sprain with radicular symptoms; small to moderate disc herniations at L4-5 and L5-S1; and cervical spondylosis. Treatment to date has included medications, diagnostic studies, acupuncture, chiropractic sessions, and physical therapy. A progress note from the treating provider, dated 02/11/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of lower back pain radiating to the left leg; aching and numbness in the lower back; and numbness and pins and needles throughout the left leg and left foot. The injured worker reported past treatments of acupuncture, chiropractic, and physical therapy sessions have helped with the pain. Objective findings included tenderness to the left paraspinal muscles; and decreased range of motion of the lumbar spine. The treatment plan has included physical therapy and the request for Ultracet 37.5 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 02/10/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Ultracet 37.5mg #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain radiating to the left leg; aching and numbness in the lower back; and numbness and pins and needles throughout the left leg and left foot. The treating physician has documented tenderness to the left paraspinal muscles; and decreased range of motion of the lumbar spine. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5mg #60 with 2 refills is not medically necessary.