

Case Number:	CM15-0063146		
Date Assigned:	04/09/2015	Date of Injury:	05/06/2014
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/02/2015

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 5/6/14. He reported back pain. The injured worker was diagnosed as having lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm, multiple trigger points in the lumbar spine, and left L5 lumbar radicular symptoms. Treatment to date has included physical therapy, medications, and heat/cold application. Chiropractic treatment was noted to have provided minimal alleviation of pain. A MRI of the lumbar spine performed on 7/9/14 revealed L4-5 left paracentral disc protrusion with stenosis of the thecal sac and moderate bilateral stenosis. L5-S1 disc degeneration with narrowing of disk height and grade I retrolisthesis was noted. A 4-5 mm disc protrusion/osteophyte complex showing stenosis of the right lateral recess with bilateral foraminal stenosis was also noted. Currently, the injured worker complains of lumbar spine pain with radiation to the left lower extremity. The treating physician requested authorization for Ultracet 37.5mg #60 with 1 refill.

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 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009)
Page(s): 12, 13 83 and 113 of 127.

Decision rationale: Ultracet is a combination of tramadol and acetaminophen. The key ingredient for review is the tramadol, since acetaminophen is readily available over the counter as a non-prescription medicine. The injury is now a year old. There was degenerative spine disease and protrusion-osteophyte complexes, with some stenosis. Per the MTUS, Tramadol 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. The earlier use history is not known. Other forms of over the counter NSAID trials are not known. A long-term use of tramadol-based medicines is not supported. The request is not medically necessary.