MAXIMUS Federal Services

Case Number:	CM14-0109860		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2011
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 05/01/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/12/2014 indicated diagnoses of degeneration of lumbosacral intervertebral disc, hip pain, shoulder joint pain, primary fibromyalgia syndrome and chronic pain syndrome. The injured worker reported lateral low back pain that radiated to both lower extremities, both buttocks, both hips, both lateral thighs, left knee, left leg, left calf, and left ankle, which was unchanged with treatment. The injured worker described her pain as aching, burning, numbness, pulsating and tingling. The injured worker rated her pain 4/10 to 9/10 and constant, but varying in intensity. The injured worker reported associated symptoms as bilateral lower extremity weakness, numbness in bilateral extremities, tingling in the bilateral extremities, stiffness to the low back, spasms of the low back, and interference with sleep, as well as feeling depressed and anxious. The injured worker reported factors that aggravated her pain were any activities, bending, carrying, climbing stairs, lifting, and weather change. Factors that alleviated her pain were exercise, medication and rest. The injured worker reported she was able to do activities of daily living with moderate assistance from others. The injured worker reported she used Ultram with mild improvement. The injured worker reported she took Ultracet, and continued to report constant low back pain and hip pain, and GI upset associated with tramadol, requesting alternative pain medication. Upon physical examination, the injured worker was 5'4", weight 200 pounds, and blood pressure was 113/80. The injured worker's treatment plan included clinic in 1 month and begin Functional Restoration Program (FRP) as soon as possible. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Butrans transdermal patch, Voltaren topical gel, Ultracet

and omeprazole. The provider submitted a request for Ultracet. A Request for Authorization dated 06/25/2014 was submitted for Ultracet. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg-325mg tablet 2 tablets every 6 hours as need for 30 days quantity 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Analgesic; tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Ultracet 37.5mg-325mg tablet 2 tablets every 6 hours as need for 30 days quantity 180 with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported she had been taking Ultracet and continued to have constant back pain, and has requested an alternative pain medication. There is no indication that the use of Ultracet has resulted in diminished pain levels or functional improvement. Furthermore, there is lack of significant evidence of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for Ultracet 37.5mg-325mg tablet 2 tablets every 6 hours as need for 30 days quantity 180 with 1 refill is not medically necessary.