

Case Number:	CM14-0122227		
Date Assigned:	08/06/2014	Date of Injury:	06/04/2010
Decision Date:	11/13/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old male who was injured at work on 06/04/2010. During a doctor visit of 07/ 03/2014, the injured worker complained of constant achy low back pain and right foot pain of 7/10. His examination was positive for antalgic gait, limited range of motion of the lumbar spine, inability to walk on toes and heels. There was limited range of motion of the right foot and ankle. The injured worker was diagnosed of completely healed fracture of deformity right calcaneus; right subtalar degenerative joint disease; right sinus tarsi syndrome; right tibiotalar effusion and annular fissuring; L3-L4, 3 mm disc bulge, and L4-L5 and L5-S1, 6 mm disc protrusion; Multilevel spinal stenosis. His treatments include Tramadol, Naproxen and Omeprazole; however, the Tramadol and Naproxen were discontinued on 08/14/2014 due to lack of benefit. These were restarted on 10/ 29/2013, and he has continued on them until 04/17/2014 when Tramadol was replaced with Ultracet, but in subsequent visits he prescribed either Tramadol (Ultram) or Ultracet. At dispute is the request for Prospective Request for One (1) Prescription of Ultracet 37.5/325 mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Ultracet 37.5 / 325 mg #90 with 5 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325 mg #90 with 5 refills. The MTUs does not recommend the use of opioids for more than 16 weeks; the records indicate Tramadol was discontinued previously for lack of benefit. Furthermore, the MTUS recommends continuing opioids if the patient has returned to work, and if the patient has improved functioning and pain. There was no documented improvement in pain with the use of Tramadol or Ultracet (Tramadol/Acetaminophen combination). The requested treatment is not medically necessary.