

Case Number:	CM14-0124793		
Date Assigned:	08/08/2014	Date of Injury:	04/14/1997
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 04/14/1997. The mechanism of injury was not provided. On 07/25/2014, the injured worker's diagnoses were low back pain and radicular pain. The injured worker stated that her back was stable with moderate pain and numbness in the lower legs and feet. Upon examination, there was a bilateral positive straight leg raise and tender right paraspinal muscles. There was numbness noted in the feet and lower legs and toes of the bilateral feet and legs. Current medications included Prilosec, Ultracet and Flexeril. The provider recommended Ultracet 37.5/325 mg #120, the provider's rationale is not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Ultracet 37.5/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and evaluation of risk for aberrant drug abuse behavior and side effects. The frequency of the medication was not provided in the request as submitted. As such, the medical necessity has not been established.