

<b>Case Number:</b>	CM14-0153153		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/05/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; and multiple lumbar spine surgeries. In a Utilization Review Report dated August 19, 2014, the claims administrator partially certified a request for Ultracet. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant reported persistent complaints of low back pain radiating into the left leg. The applicant scored his pain at 6/10 and stated that ongoing usage of Ultracet was diminishing his pain complaints by 30%. The applicant denied any side effects associated with Percocet. The applicant was permanent and stationary. The applicant was using Lopressor for hypertension, it was incidentally noted. The applicant's BMI was 23, it was further noted. The attending provider stated that the applicant was not misusing his medications and/or exhibiting any drug-seeking behaviors. It was acknowledged that the applicant was a heavy drinker and had been deemed "disabled," it was stated in the social history section of the report. The attending provider did not outline any improvements in function achieved as a result of ongoing Ultracet usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL/ACETAMINOPHEN 37.5/325MG #90 WITH 1 REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic, When to Continue Opioids topic. Page(s): 79,80.

**Decision rationale:** As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who are concurrently using illicit drugs and/or alcohol. In this case, the attending provider has suggested that the applicant is a heavy drinker. Discontinuing tramadol-acetaminophen, thus, appears to be a more appropriate option than continuing the same. It is further noted that the applicant does not meet all three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. While the attending provider has reported some reduction in pain levels by 30% with ongoing Ultracet usage, this is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to return to document any tangible or material improvements in function achieved as a result of ongoing tramadol-acetaminophen usage. Therefore, the request is not medically necessary.