

<b>Case Number:</b>	CM14-0108972		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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, New York, 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 applicant is a represented 42-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 20, 2011. In a Utilization Review Report dated June 24, 2014, the claims administrator failed to approve a request for Ultracet. The claims administrator referenced a June 16, 2014, progress note in its determination. The applicant's attorney subsequently appealed. However, little-to-no information was incorporated into the independent medical review packet, which compromised almost exclusively of medical-legal evaluation of September 5, 2013. The applicant reported low back and left ankle pain on that date. The medical-legal evaluator noted that the applicant had received a Cam walker for an ankle fracture and received epidural steroid injection for low back pain, and was using Mobic and Ultracet for pain relief. The medical-legal evaluator noted that the applicant continued to have difficulty with standing, walking, bending, and lifting. The applicant had last worked in December 2011, it was acknowledged. Permanent work restrictions were endorsed. There is little-to-no discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Ultracet 37.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work as of the medical-legal evaluation of September 5, 2013, referenced above. The applicant continued to report difficulty with standing, walking, lifting, and various other tasks. The medical-legal evaluation failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of the ongoing Ultracet usage (if any). More recent clinical progress notes were not incorporated into the independent medical review packet. The information that was on file failed to support or substantiate the request. Therefore, the request was not medically necessary.