

<b>Case Number:</b>	CM14-0174297		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 34-year-old female who sustained an industrial injury on 03/30/2013. She reported acute low back pain. The injured worker was diagnosed as having lumbar disc degeneration, lumbar radiculopathy, and lumbar facet syndrome. Treatment to date has included epidural steroid injections, oral and topical medications, physical therapy, psychotherapy assessments, aquatic therapy, and work restrictions. Currently, the injured worker complains of stiffness, pain and weakness in the lower back. On exam, there was bilateral paraspinal tenderness to palpation, positive straight leg raise on the left and restricted range of motion with spasm. The treatment plan includes medications and monitoring with a pain medication specialist. A request for authorization is made for Ultracet 37.5/325mg take 1 tablet 2 times daily #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 Take BID #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80-84, 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325mg b.i.d. #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sprain/strain lumbar; thoracic/ lumbosacral neuritis/radiculitis, unspecified; and sciatica. The documentation shows the date of injury was March 30, 2013. The injured worker was taking Ultram 50 mg from August 26, 2013 through August 13, 2014. The documentation shows Ultram caused G.I. upset. In a progress note dated September 17, 2014, Ultram was discontinued and Ultracet was started for chronic pain along with Prilosec. Documentation does not contain VAS pain scores and symptoms worsened. Objectively, there was no documentation of objective functional improvement. There were no risk assessments and there were no detailed pain assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing Ultracet, pain assessment and detailed pain assessments with subjective worsening of symptoms, Ultracet 37.5/325mg b.i.d. #100 is not medically necessary.