

Case Number:	CM14-0214844		
Date Assigned:	01/07/2015	Date of Injury:	06/17/2011
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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

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:

Injured worker is a male with date of injury 6/17/2011. Per primary treating physician's progress report dated 11/18/2014, the injured worker complains of low back pain at 4/10 with medications. He reports right radiculopathy that is not constant. He is responding to acupuncture. He does not want any injection at this time. On examination he is not in acute distress. He ambulates without assistance. There is lumbar spine tenderness to palpation. Range of motion is limited. Neuro is within normal limits with motor 5/5 and DTR 2+. Diagnoses include 1) low back injury 2) degenerative disc disease. Treatment plan is to continue acupuncture and current medications. He is to return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg 1 orally twice daily #60 with 2 refills prescribed 11/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that the injured worker has reduced pain with the use of medications and with acupuncture. Utilization review dated 11/26/2014 notes that prior peer review from 10/28/2014 recommended weaning and discontinuation of Ultracet. Since that time there have been no changes in the dose or quantity of Ultracet prescribed. The medical reports do not indicate that there have been attempts to reduce the use of Ultracet even with benefit from acupuncture. There is no report of functional benefit with the use of Ultracet. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5/325mg 1 orally twice daily #60 with 2 refills prescribed 11/18/14 is determined to not be medically necessary.