MAXIMUS Federal Services

Case Number:	CM14-0216689		
Date Assigned:	01/06/2015	Date of Injury:	06/02/2009
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/26/2014

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, Ohio, 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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 2009.In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for tramadol-acetaminophen (Ultracet). The claims administrator referenced an October 17, 2014 progress note in its determination.The applicant's attorney subsequently appealed.On December 9, 2014, the attending provider stated that he was appealing its decision to deny Ultracet. The attending provider noted that the applicant had ongoing complaints of low back pain, scored at 7/10. The attending provider suggested that applicant had developed issues with depression and anxiety secondary to moderate-to-severe pain. The attending provider suggested that tramadol-acetaminophen (Ultracet) was therefore an appropriate choice here.In an applicant's questionnaire dated October 17, 2014, the applicant acknowledged that he/she was off of work. The applicant did report issues with sedation during the day. In an associated progress note of October 17, 2014, the applicant reported persistent complaints of neck, low back, left hip, and left foot pain. The applicant was using Norco and LidoPro for pain relief. LidoPro cream and permanent work restrictions were also endorsed. The applicant was asked to continue Norco at rate of once daily. A trial of Ultracet was also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94, 113.

Decision rationale: .The request for tramadol-acetaminophen (AKA Ultracet) was medically necessary, medically appropriate, and indicated here.While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first line oral analgesic, in this case, however, the attending provider had seemingly suggested that the applicant had tried and failed numerous other first and second line oral pharmaceuticals, including more potent opioid such as Norco. The request in question did represent a first-time request for tramadol-acetaminophen (Ultracet) indicated to combat the applicant's 7/10 low back pain complaints. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain, as was present here on or around the date in question, October 17, 2014. Therefore, the first time request for tramadol-acetaminophen (Ultracet) was medically necessary.