

<b>Case Number:</b>	CM14-0059355		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 9, 2002. In a Utilization Review report dated March 20, 2014, the claims administrator failed to approve a request for Ultracet (tramadol-acetaminophen), for apparently for weaning or tapering purposes. The claims administrator referenced a progress note of March 19, 2014 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 12, 2014, Naprosyn, Motrin, and Ultracet were endorsed. In an associated progress note of the same date, June 12, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The note was difficult to follow and mingled historical issues with current issues. 6 to 9/10 pain complaints were noted. The applicant stated that her medications, including Ultracet, Naprosyn, and Motrin were somewhat beneficial. This was not elaborated upon, however. The applicant's overall pain complaints were worse, as were radicular pain complaints. The applicant had tried and failed physical therapy, massage therapy, and epidural steroid injection therapy, it was acknowledged. Naprosyn, Motrin, and Ultracet were continued and were renewed. The applicant was asked to pursue additional physical therapy. The applicant was asked to continue previously employed permanent limitations. The applicant exhibited visible anxiousness and frustration. In a Social Security note it was stated that the applicant was "unemployed," implying that the applicant was not working following imposition of permanent work restrictions. The applicant stated that her ability to perform household chores were limited secondary to pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Tramadol/Acetaminophen 37.5/325mg #90 with 2 refills:** Upheld

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

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

**Decision rationale:** No, the request for tramadol-acetaminophen (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 of work, as reported on June 12, 2014. The applicant was having difficulty to perform activities as basic as household chores, the treating provider reported. The applicant continued to report pain complaints ranging from 6 to 9/10, despite ongoing Ultracet usage. The applicant was no longer working and was deemed unemployed, the treating provider noted on that date. All of the foregoing, taken together, did not make a compelling a case for continuation of opioid therapy with Ultracet. Therefore, the request was not medically necessary.