

Case Number:	CM15-0018191		
Date Assigned:	02/06/2015	Date of Injury:	02/18/1992
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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: District of Columbia, Virginia
 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 69 year old female who sustained an industrial injury on 02/18/1992. She has reported increased leg and back pain, and reflux and heartburn-type symptoms secondary to medication induced gastritis. Diagnoses include spondylolisthesis and documented instability at L4-5level with severe bilateral foraminal narrowing and significant facet joint syndrome. Treatment to date includes a lumbar laminectomy and discectomy, ACDF (anterior-cervical-discectomy-and-fusion), removal of cervical hardware, SCS(spinal cord stimulator) placement on 09/15/2003, revision SCS 02/02/2010 , trigger point injections, physical therapy, stretching, exercises, medication, and activity modification. Recently (for the past several months) the IW has used a LSO (Lumbar-Sacral Orthosis) lumbar brace. Her medication compliance was monitored regularly with random urine drug screen CURES review, and a she has signed an opioid contract. In a progress note dated 12/10/2014 the treating provider reports that the spinal cord stimulator IPG had expired, and the IW has significantly worse leg pain that interfered with her ability to function throughout the day. The IW was taking Ultracet 37.5 mg up to three times a day, Voltaren gel, and Prilosec twice daily. These medications were continued. Examination revealed decreased cervical range of motion with paraspinal muscle tenderness and spasms in the paracervical muscles and trapezi. The shoulders had bilateral pain and loss of range of motion with paraspinal muscle tenderness and spasms in the paracervical muscles and the trapezi. The IW had loss of range of motion of the left shoulder with abduction when compared to the right. She had loss of strength in abduction, and she had bilateral shoulder pain. There was a decreased sensation along the left posterior thigh and calf in

the L4-L5 distribution. Straight leg raise was positive on the left. The treatment plan includes revision of SCS, trigger point injections, Prilosec #120 for 2 months and Keflex 500 mg #30 for postoperative wound prophylaxis. A prescription for Nucynta was given as an alternative analgesic for postoperative pain due to problems with nausea, and a Lidoderm patch. On 01/05/2015 Utilization Review partially certified a request for Ultracet 37.5mg quantity not indicated to Ultracet 37.5mg #90 after a phone conversation with the provider. The rationale given for this dosage was to allow opportunity for submission of medication compliance guidelines including documentation of a current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated signed pain contract with evidence of ongoing efficacy. Otherwise the timeframe should be used to initiate downward titration and complete discontinuation of medication. The MTUS Chronic Pain, Opioids were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 113,75,80.

Decision rationale: Ultracet contains tramadol and acetaminophen. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Centrally acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. For low back pain, there are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007) This medication would not be recommended as first line therapy, as per guidelines cited above.