

Case Number:	CM15-0111398		
Date Assigned:	06/17/2015	Date of Injury:	03/22/2009
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 48-year-old male, who sustained an industrial injury on 3/22/2009. He reported low back pain. Diagnoses have included lumbar post-laminectomy syndrome with bilateral lower extremity radicular symptoms and cervical myoligamentous injury with bilateral upper extremity radicular symptoms. Treatment to date has included surgery and medication. According to the progress report dated 5/14/2015, the injured worker complained of pain in his lower back radiating down to both lower extremities. He rated his current pain as 8/10. The injured worker had an antalgic gait and appeared to be in mild to moderate distress. Exam of the cervical spine revealed tenderness to palpation with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with obvious muscle guarding. Exam of the lumbar spine revealed numerous palpable and tender trigger points throughout the lumbar paraspinal muscles. Authorization was requested for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracet 37. 5/325mg #60 with date of service 05/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, specific drug list, Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant required invasive procedures to control pain. In addition, the Ultracet (containing Tramadol) was used in combination with NSAIDS and therapeutic response to Ultracet cannot be determined and pain scores were not routinely documented. The continued use of Ultracet is not medically necessary.