

<b>Case Number:</b>	CM15-0113306		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained an industrial injury to the low back on 12/3/13. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. In an orthopedic request for surgery authorization dated 4/3/15, physical exam was remarkable for tenderness to palpation over the paraspinal musculature with intact range of motion, 5/5 lower extremity and diminished sensation over the bilateral L5 distributions. The physician noted that lumbar magnetic resonance imaging showed L4-5 disc herniation causing broad based stenosis. Current diagnoses included L5 radiculopathy. The treatment plan included L4-5 decompression with possible fusion. In a spine reevaluation dated 5/15/15, the injured worker stated that he was not interested in decompression and fusion surgery. The physician recommended L4-5 percutaneous discectomy as a minimally invasive alternative and a prescription for Ultram. A urine drug screen performed on December 10, 2014 is positive for hydrocodone and metabolites. Prescribed medications include hydrocodone. A progress report dated December 10, 2014 states that the patient has been able to reduce his use of Norco from 2 tablets a day to one tablet a day. The note goes on to recommend a prescription for Ultracet and states that an attempt is being made to substitute Ultram for Norco on an as needed basis. A progress report dated January 15, 2015 states that the patient has noted significant relief with the use of Ultracet. A report dated February 18, 2015 states that Ultracet enables him to function on a daily basis. A urine drug test performed on February 18, 2015 is positive for tramadol and negative for hydrocodone. A note dated May 20, 2015 indicates that the patient was provided a prescription for Ultracet and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultracet 37.5/325mg #60, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the patient remains on two PRN dosed opiate pain medications. Providing patients with 2 PRN dosed opiate pain medications increases the risk of complications including overdose and death. It is acknowledged, that the requesting physician states he is attempting to transition the patient from Norco to Ultracet, but this has been going on for at least 6 months. Clearly, the Ultracet is not providing enough analgesic efficacy or objective functional improvement to discontinue Norco completely. In the absence of clarity regarding these issues, the currently requested Ultracet 37.5/325mg #60 is not medically necessary.