

Case Number:	CM15-0113336		
Date Assigned:	06/19/2015	Date of Injury:	09/26/2005
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	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 54 year old female sustained an industrial injury on 9/26/05. She subsequently reported back pain. Diagnoses include herniated nucleus pulposus of the lumbar spine at L4-5 with bilateral radiculopathy status post micro laminectomy/ discectomy at L4-5 and cervical spine degenerative disc disease. Treatments to date include x-ray and MRI testing, back surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremities and significant weakness and spasms in the right lower extremity. Upon examination, there was decreased strength, decreased lumbar range of motion, tenderness to palpation and decreased sensation to the posterior thigh. A request for Ultracet 34.5/325mg #90 was made by the treating physician. A progress report dated March 11, 2015 indicates that the patient's pain is 8-9/10 without medication and 5-6/10 with medication. No side effects are reported. The medication reportedly helps the patient do laundry, minor cleaning, and help with dishwashing. Otherwise the patient would have difficulty with these activities. The note goes on to state that the patient shows no signs of abuse and remains compliant with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 34.5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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 34.5/325mg #90, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Ultracet 34.5/325mg #90 is medically necessary.