

<b>Case Number:</b>	CM15-0113548		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 7/15/2005. Diagnoses include discogenic lumbar condition with disc disease at C5-6 and positive facet loading and impingement syndrome of right shoulder. Treatment to date has included chiropractic care, physical therapy, medications and a TENS unit. Magnetic resonance imaging (MRI) of the lumbar spine (10/2014) was read by the evaluating provider as showing a disc bulge at L5-S1 causing mild bilateral foraminal narrowing and MRI of the cervical spine (10/2014) was documented as a disc bulge throughout C3-C4 and C5-C6 without foraminal narrowing or canal narrowing. Per the Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported ongoing neck, low back and shoulder pain. Physical examination revealed tenderness across the lumbar paraspinal muscles and pain along the facet joints and with facet loading. The plan of care included medication management and referral to pain management and authorization was requested for Ultracet 37.5/325mg.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in July 2005 and continues to be treated for neck, low back, and shoulder pain. When seen, there was lumbar paraspinal muscle tenderness and positive facet loading. The claimant had nightmares when taking tramadol ER. Ultracet was prescribed. Ultracet (tramadol / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. The claimant had side effects when taking tramadol. Continued prescribing was not medically necessary.