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| Case Number: | CM15-0113818 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 07/11/2014 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 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: New Jersey, New York
 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 53 year old male, who sustained an industrial injury on 7/11/14. He has reported initial complaints of back injury after a slip and fall at work. The diagnoses have included lumbosacral radiculopathy, lumbosacral discogenic pain, and muscle spasm of the lumbosacral paraspinal muscles. Treatment to date has included medications, activity modifications, diagnostics, lumbar epidural steroid injection (ESI), physical therapy, psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 5/21/15, the injured worker complains of lumbar spine pain rated 9/10 on pain scale that radiates to bilateral lower extremities right side greater than left with pain and numbness. He is status post lumbar epidural steroid injection (ESI) on 3/10/15. The objective findings reveal decreased range of motion in the lumbar spine with tenderness. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Flexeril, Ultracet, Voltaren, and Omeprazole. The urine drug screen dated 12/8/14, 2/25/15, and 4/8/15 were inconsistent with medications prescribed. The physician requested treatment included Ultracet 37.5/325 #60 for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for ultracet is not medically necessary. The chart does not provide any documentation of improvement in pain and function with the use of ultracet. There are no documented drug contracts or long-term goals for treatment. The 4 As of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of this opioid, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of ultracet outweigh the benefits. The request is considered not medically necessary.