

Case Number:	CM15-0114069		
Date Assigned:	06/25/2015	Date of Injury:	02/04/2006
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 69 year-old male who sustained an industrial injury on 02/04/06. Diagnoses include lumbar spondylolisthesis with radiculopathy per EMG/NCV study of 05/24/11, chronic left L4, S1 and right L5 radiculopathy moderately severe acute, chronic left L5 radiculopathy, chronic severe low back pain with L4-L5 grade I spondylolisthesis, moderate-to-severe facet disease at L4-L5 and L5-S1 per MRI of 05/17/11, and bilateral hip and knee pain. Treatments have included epidural steroid injections, medial branch blocks, narcotic pain medication, topical pain medication, physical therapy, acupuncture, and surgical evaluation with recommendation for surgery in which the injured worker declined. In a progress note dated 04/29/15 the treating provider reports the injured worker continues to have severe low back pain with improvement in lower extremity pain, numbness, tingling, and burning following epidural steroid injection. He continues to have pain in both hips and knees with bilateral lower extremity weakness. He complains of insomnia, depression, and anxiety secondary to pain. He rates the pain as a 7/10 with medication and 10/10 without. He is currently using a low dose of Norco 7.5/325 and Lidoderm patch with functional improvement with the use of his medications. Treatment recommendations include continuation of Norco 10/325. There is no treatment recommendation for request of Ultracet 5/326 #60. Supplemental report of 05/21/15 indicates a discussion of the injured worker's medications and rationale for use; no further information is provided. Date of Utilization Review: 06/03/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medication Page(s): 78-82, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of Ultracet 5/325mg #60 is not medically necessary.