

<b>Case Number:</b>	CM15-0115606		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, California  
 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 52 year old male, who sustained an industrial injury on 7/12/2008. Diagnoses include severe L4-5 spinal stenosis, chronic T12 compression fracture, lumbar spine degenerative disc disease, status post lumbar spine laminectomy, sexual dysfunction, insomnia and L3-4, L4-5 and L5-S1 disc bulge per magnetic resonance imaging (MRI) (3/10/2015). Treatment to date has included surgical intervention, diagnostics, medications, physical therapy and modified work. Per the Primary Treating Physician's Comprehensive Orthopedic Evaluation dated 5/12/2015, the injured worker reported lumbar spine pain rated as 6/10 and numbness that radiates down the left leg. Physical examination revealed a positive stoop test. He had an antalgic gait on the left. He walks with a cane. His flexion is 30/90 degrees, extension is 10/25 degrees, right and left lateral flexion is 15/25 degrees. There was a positive toe/heel walk and positive paraspinal tenderness to percussion. The plan of care included medications and authorization was requested for Ultracet 37.5/325mg #60, Naproxen 550mg #60 and Amitriptyline 25mg #30. The medication list include Vicodin, Norco, Anaprox, Elavil, and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Ultracet 37.5/325mg with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Request: Prescription of Ultracet 37.5/325mg with 2 refills Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Diagnoses include severe L4-5 spinal stenosis, chronic T12 compression fracture, lumbar spine degenerative disc disease, status post lumbar spine laminectomy, sexual dysfunction, insomnia and L3-4, L4-5 and L5-S1 disc bulge per magnetic resonance imaging (MRI) (3/10/2015). Per the Primary Treating Physician's Comprehensive Orthopedic Evaluation dated 5/12/2015, the injured worker reported lumbar spine pain rated as 6/10 and numbness that radiates down the left leg. Physical examination revealed a positive stoop test. He had an antalgic gait on the left. He walks with a cane. His flexion is 30/90 degrees, extension is 10/25 degrees, right and left lateral flexion is 15/25 degrees. There was a positive toe/heel walk and positive paraspinal tenderness to percussion. Patient is already taking a NSIAD. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Prescription of Ultracet 37.5/325mg with 2 refills is deemed as medically appropriate and necessary.