

<b>Case Number:</b>	CM15-0120150		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Emergency 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 48 year old female, who sustained an industrial injury on 11/24/12. She reported pain in the low back, left wrist, and neck. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis, sprain and strain of unspecified site of the knee, tear of medial and lateral cartilage or meniscus of the knee, lumbar sprain and strain, and carpal tunnel syndrome. Treatment to date has included left knee surgery in September 2014, physical therapy, chiropractic treatment, and medication. The injured worker had been taking Ultracet since at least 12/29/14. Pain on 4/28/15 and 5/14/15 was rated as 6/10. Currently, the injured worker complains of left knee pain and low back pain with radiating numbness and tingling down the legs. The treating physician requested authorization for Ultracet 37.5/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested Ultracet 37.5/325mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain and low back pain with radiating numbness and tingling down the legs. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5/325mg, #30 is not medically necessary.