

<b>Case Number:</b>	CM15-0123692		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 55-year-old female, who sustained an industrial injury on July 14, 2008. She reported neck pain, bilateral upper extremity pain, upper and low back pain, right lower extremity pain, bilateral wrist pain, right elbow pain and bilateral knee pain. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus at the lumbar 4-sacral 1 levels with annular tear and spondylosis, bilateral lower extremity radiculopathy, right hip musculoligamentous sprain/strain, right knee medial meniscus tear with chondromalacia patella, left knee internal derangement with medial meniscus tear with medial tibial condyle contusion or non-displaced fracture as a compensatory consequence to the lumbar spine and right knee, bilateral wrist musculoligamentous strain/sprain, status post bilateral carpal tunnel release surgery, anxiety/depression/sleep disorder secondary to pain secondary to industrial injury, status post left elbow fracture as a compensatory consequence to the lumbar spine and lumbar spine myofascial pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, home exercise program, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to bilateral upper extremities with associated numbness and tingling into bilateral wrists and hands, upper and low back pain, right lower extremity pain, with pain, numbness and tingling radiating to the right lower extremity and bilateral knee pain. She also reported anxiety, depression and sleep disruptions secondary to pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 14, 2014, revealed continued pain as noted with

associated symptoms. She rated her pain at 8 on a 1/10 scale with 10 being the worst. It was noted she was on a home exercise program and was using medications including Ultracet 37.5/32mg and others to control pain. She underwent anterior posterior fusion at the lumbar 4 through sacral 1 level on July 30, 2014. On August 12, 2014, evaluation revealed continued pain however, there was no pain rating. Evaluation on September 30, 2014, revealed continued low back pain radiating into the bilateral lower extremities and into the knees with associated stiffness. She noted continued depression, stress, anxiety and loss of sleep. She also reported abdominal cramps and pain with the use of Tramadol. She reported the pain had not changed since the last visit. Evaluation on January 20, 2015, revealed she was 40-50% better than before surgery, however her subjective complaints remained the same with continued pain and symptoms as noted rated at 7-9 out of 10 with 10 being the worst. Ultracet was continued. Evaluation on March 25, 2015, revealed continued pain as noted rated from 5-8/10 with 10 being the worst with no significant improvement in function or increased activities. Ultracet was continued. Ultracet 37.5 mg Qty 60 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, there has been no indication of the medication's pain relief effectiveness. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.