

<b>Case Number:</b>	CM15-0172408		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old female sustained an industrial injury on 9-13-13. The injured worker is being treated for lumbar radiculopathy. Treatments to date include MRI testing, chiropractic care, physical therapy and injections. The injured worker has continued complaints of low back, neck and right knee pain. An MRI dated 7-8-15 revealed abnormalities in the cervical spine. EMG results of 7-21-15 revealed abnormalities in the bilateral wrists. Upon examination, there is tenderness about the paraspinal muscles. Pain levels reported range from 6 to 9 out of 10. A request for Ultracet 37.5/325mg #120 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for neck, low back, and right knee pain. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, physical examination findings were unchanged. Prior examinations document cervical and lumbar tenderness with decreased right knee range of motion. Ultracet is being prescribed and was refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.