

<b>Case Number:</b>	CM15-0178817		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/15/1995
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The 58 year old female injured worker suffered an industrial injury on 2-15-1995. The diagnoses included low back strain, spinal stenosis with neural claudication, bilateral knee replacement, and osteoarthritis of the left hip. On 8-3-2015, the treating provider reported the knees are still bothering her and the lumbar spine was getting worse rated 9 out of 10 and radiated to the left leg. On exam, the lumbar spine had decreased and painful range of motion, positive facet loading, positive straight leg raise on the left and decreased sensation to the foot. The left hip had decreased range of motion with groin and thigh pain on movement. Prior treatments included Relafen. The provider recommended initiation of Ultracet for pain relief. The diagnostics included lumbar magnetic resonance imaging 7-15-2015. The Utilization Review on 8-13-2015 determined non-certification for Ultracet 37.5/325mg #60 1 tab PO BID 30 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60 1 tab PO BID 30 day supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Opioids.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Per the medical records submitted for review, this appears to be a new trial of Ultracet. Per progress report dated 8/3/15, it was noted that the injured worker had lumbar spine pain rated 9/10, which radiated to the left leg. I disagree with the UR physician's assertion that the injured worker has been refractory to non-narcotic analgesics and adjuvants, the medical records indicate that the injured worker was refractory to Relafen. The request is medically necessary.