

<b>Case Number:</b>	CM15-0062238		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic low back, knee, and foot pain reportedly associated with an industrial injury of February 16, 2011. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for Ultracet (tramadol-acetaminophen). A RFA form received on February 27, 2015 was referenced in the determination, along with a progress note of February 28, 2015, and November 7, 2014. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing issues with psychological stress with symptoms including depression, weight gain, and eating disorder. The applicant's medication list included Pristiq, losartan, Lipitor, Norco, tramadol, fenopfen and Flexeril, it was acknowledged. The applicant had been deemed "permanently disabled," the treating provider noted; although it was not clear whether this was a function of the applicant's medical issues versus mental health issues versus some combination of the two. On January 21, 2015, the applicant again reported ongoing issues with psychological stress, depression and weight gain. It was suggested that the applicant had made significant strides in terms of losing weight, but remains significantly overweight at 257 pounds. The applicant was using Pristiq, Losartan, Neurontin, Norco, Protonix, Naprosyn, tramadol, fenopfen, and Flexeril, it was acknowledged. Once again, the applicant was deemed "permanently disabled." On November 7, 2014, the applicant was given refills of Protonix, Nalfon, Flexeril, tramadol, and Norco. Work restrictions were endorsed. It was acknowledged that the applicant was not working, and was collecting a variety of disability and indemnity benefits, including State Disability Insurance (SDI), Social Security Disability Insurance (SSDI),

Permanent Disability benefits and Worker's Compensation indemnity benefits. The applicant was using a cane to move about. The applicant had difficulty standing and walking, it was acknowledged. Multiple medications were renewed, including Protonix, Nalfon, Flexeril, and tramadol.

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

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

**Ultracet 37.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 67, 71, 75, 78, 114, 118, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone, Pain, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, request for Ultracet, tramadol-acetaminophen, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and was receiving Worker's Compensation indemnity benefits, Permanent Disability Insurance, Social Security Disability Insurance (SSDI) benefits, and State Disability Insurance benefits (SDI), the treating provider acknowledged. The applicant has difficulty performing activities of daily living as basic as standing and walking, it was further reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Ultracet (tramadol-acetaminophen). Therefore, the request was not medically necessary.