

<b>Case Number:</b>	CM15-0063662		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 61 year old female, who sustained an industrial injury on 09/07/1998. On provider visit dated 02/10/2015 the injured worker has reported bilateral knee pain, sleep difficulty, left shoulder pain, low back pain that radiates to lower extremities, mid back and scapular pain. On examination she was noted to have a limp with ambulation, right knee tenderness and point tenderness over the medial and lateral joint lines of the right knee and was noted to be slightly swollen. The diagnoses have included right knee strain-chronic, lumbar radiculopathy, thoracic strain, left shoulder strain with impingement, left knee arthroscopic surgery 07/31/2012 and insomnia due to chronic pain. Treatment to date has included home exercise program, TENS unit, pain medication, MRI of right and left knee. The provider requested pain medication Ultracet 50mg #90 for pain control along with NSAIDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. In this case, a note dated September 2, 2014 states that the patient had 9/10 pain without medications. On Feb 10, 2015, the patient reported pain as 8/10 while taking medications, with decrease to 6/10 when adding Tylenol. This is not supportive of functional improvement attributed to Ultracet, and there must be concern with the patient taking Tylenol in addition to Ultracet, which contains acetaminophen. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, in light of the chronic nature of this case, and lack of evidence to support functional improvement with use of the medication, weaning is likely appropriate. Therefore the request to continue treatment with Ultracet #90 is not considered medically necessary based on the provided documentation.