

Case Number:	CM15-0079533		
Date Assigned:	04/30/2015	Date of Injury:	03/23/2012
Decision Date:	06/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/25/2015

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

Certification(s)/Specialty: Family Practice

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 46-year-old male sustained an industrial injury on 3/22/12. He subsequently reported back pain. Diagnoses include lumbar/ lumbosacral disc degeneration and pain in the knees. Treatments to date include nerve conduction and MRI testing and prescription pain medications. The injured worker continues to experience chronic low backache and left lower extremity pain. Upon examination, it there is restricted range of motion in the lumbar spine along with diffuse bilateral paraspinal tenderness without spasm on palpation. There is disuse tenderness over the medial knee. The treating physician made a request for Ultracet medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #90: 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 Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not, state the patient has functional improvement with opioid usage and thus is not medically necessary.