

Case Number:	CM15-0096512		
Date Assigned:	05/26/2015	Date of Injury:	09/16/2006
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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:

The injured worker is a 65-year-old female, who sustained an industrial injury on 9/16/06. She reported initial complaints of back pain. The injured worker was diagnosed as having post-laminectomy lumbar spine syndrome. Treatment to date has included status post lumbar spine surgery (10/13/2008 and on 7/13/2009); injection (1/6/15); medications. Diagnostics included x-rays lumbosacral spine (2/21/13). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker complains of low back pain and seen on this date as an initial orthopedic evaluation. Physical examination reveals the lumbar spine with moderate antalgic gait noted using a cane; loss of lumbar lordosis noted, crouched stance noted, pelvic tilt noted, tenderness to the lumbosacral juncture, severe paraspinal spasms, midline scar, clean wound no signs of infection, range of motion is painful and severely restricted. Reflexes are noted as bilateral patellar reflexes - 0, bilateral Achilles reflexes - 0. Sensory examination of the lower extremities: pinwheel exam to bilateral lower extremities shows decreased sensation on the right, medial and lateral leg suggesting an L4 and an S1 pattern. Trendelenburg's positive on the left unable to toe walk and unable to perform a full squat, heel-walking normal. Vascular shows no peripheral swelling, good lower extremity coordination and motor control. X-rays of the lumbar spine on 4/22/15 AP, lateral, flexion and extension and oblique's show loss of lordosis suggestive of paraspinal spasms, posterior pedicle screw fixation noted at L4-5, L5-S1 appears fused, there is significant narrowing of the L2-3 and L3-4 spaces with spondylosis and sclerosis, two stents are identified at the bifurcation of the aorta. The provider's treatment plan includes instructions for the injured

worked to do a home exercise program and incorporate regular stretching routine. He has also requested the injured worker to start on Ultracet 37.5/325mg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid medication Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 4/22/2015 indicated the patient was on no medication treatment for pain, and the provider planned to start Ultracet along with Flexeril. In previous progress notes in 2015, the patient was noted to have taken Vicodin, Percocet, and Morphine injections as needed for pain without documented treatment failure. It is unclear why the patient needed to switch to Ultracet at this time. There is no documentation regarding side effects, and no discussion regarding aberrant use. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.