

Case Number:	CM15-0097429		
Date Assigned:	05/28/2015	Date of Injury:	10/24/2006
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 10/24/06. She reported pain in her neck and lower back. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation and discogenic cervical condition with radicular component. Treatment to date has included a TENs unit, a lumbar MRI and physical therapy. Current medications include Vicodin, Lorazepam and Protonix and Ultracet (since at least 2/25/15). As of the PR2 dated 4/22/15, the injured worker reports low back pain. She indicated that a previous epidural injection gave her between 35%-40% relief for four to five months. She is also working full-time regular duties. Objective findings include tenderness along the cervical and lumbar paraspinal muscles, pain along facets and pain with facet loading. The treating physician requested Ultracet 37.5/325mg #60 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are discogenic lumbar condition with facet inflammation and arthropathy; discogenic cervical condition with particular compound in with disc disease; and sleep and stress secondary to chronic pain. Documentation from the medical record shows the date of injury is October 24, 2006. Tramadol and Vicodin first appear in a progress note dated November 3, 2014. This is the earliest progress note and not necessarily the start date. Tramadol was continued through March 2015 with Vicodin, Motrin and Pantoprazole. In an April 22, 2015 progress note Tramadol was changed to Ultracet. There were no pain scores in the medical record. There is no clinical rationale for the change from Tramadol to Ultracet. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing Tramadol to support Ultracet. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Ultracet, risk assessments and detailed pain assessments and attempted weaning, Ultracet 37.5/325mg # 60 is not medically necessary.