

<b>Case Number:</b>	CM13-0030021		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35-year-old female who reported an injury on 08/14/2010. The mechanism of injury was noted to be a slip and fall in some water. The patient has been treated with opiates for an unknown duration of time. The documentation of 07/08/2013 prescribed the medication tramadol. The documentation of 09/09/2013 revealed that the patient indicated that Ultram was effective to reduce the pain; however, it was denied by the insurance. The patient indicated that she put in an appeal, and the patient had pain of an 8/10 in the right knee, which Ultram was effective at reducing. The current medications were noted to include tramadol. The patient's diagnoses were noted to include pain in the joint, lower leg, and knee pain. There was documentation that the patient was to have a trial of Ultracet 37.5/325 mg 3 times a day as needed for pain. It was indicated that the Ultram reduced the patient's pain from 8/10 to 5/10; and with it, the patient was able to perform activities of daily living, such as cleaning, walking and other ADLs. The request was for Ultracet 325-37.5mg #90 dispensed on 9/9/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 325-37.5mg #90 dispensed on 9/9/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MEDICATIONS FOR CHRONIC PAIN ONGOING MANAGEMENT.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the Visual Analog Scale (VAS) score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient had been on opiates for a duration of time. The patient had been on tramadol since 07/2013. The patient's pain was noted to be decreased from an 8/10 to a 5/10 with pain medications. There was a lack of documentation of an objective improvement in function and evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Ultracet 325/37.5 mg #90 dispensed on 09/09/2013 is not medically necessary.