

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0048392 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/01/2013 |
| <b>Decision Date:</b> | 02/21/2014   | <b>UR Denial Date:</b>       | 07/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 reported an injury on 3/1/13. Her diagnoses include cervical sprain, lumbosacral strain, left elbow epicondylitis, left shoulder sprain and left upper extremity paresthesias. She complained of constant left and right shoulder pain, left elbow and forearm pain and cervical and lubar spine pain. A request for ultracet was denied by UR on 7/16/13. An appeal was placed 7/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5 x 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,84.

**Decision rationale:** MTUS guidelines regarding Tramadol: A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer

than three months. ACOEM guidelines state that the safest effective medication for acute musculoskeletal problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective. The submitted documents do not indicate if Tylenol and NSAIDs have been tried. Also there is no record of how long Tramadol has been used or what the long term plan is for this med. Based on the above, the drug remains non-certified.