

<b>Case Number:</b>	CM14-0170121		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family Medicine 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:

This injured worker's date of injury is 08/27/2010. This patient receives treatment for chronic low back pain with radiation to the legs, shoulder pain, and wrist pain. Clinical documentation is limited in this case. On exam ROM is reduced in the cervical and lumbar regions. sA lumbar MRI is negative. The paraspinal muscles are tender. The medical diagnoses include: chronic paraspinal myofascial pain, chronic shoulder pain, and bilateral wrist and knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-78.

**Decision rationale:** This patient receives treatment for chronic pain of the neck, back, shoulders and lower extremities. Tramadol is consider a weak centrally acting opioid. Opioids for chronic pain require monitoring and the medical records ought to document the degree of pain relief, any side effects, level of physical and psychosocial functioning, and any aberrant or drug-related

behaviors. The documentation provided does not document these domains. Ongoing use of tramadol is not medically indicated.