

<b>Case Number:</b>	CM14-0022387		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, bilateral shoulder pain, and bilateral carpal tunnel syndrome reportedly associated with an industrial injury of December 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a medical-legal evaluation of November 26, 2012, the applicant was described as using a cane at that point in time. The applicant reported pain ranging from 3-6/10. The applicant was reportedly using Zestril, oxybutynin, Relafen, Tylenol No. 3, and aspirin at that point in time. The applicant was given a 20% whole-person impairment rating, seemingly under the parameters of the Almaraz-Guzman case. On February 11, 2014, the applicant was described as reporting ongoing shoulder pain and trapezius pain. The applicant was given prescriptions for Norco and Motrin. Chiropractic care was endorsed. The applicant's work status was not detailed. In an earlier note of January 14, 2014, the applicant was described as presenting with bilateral knee and bilateral shoulder pain after a lengthy hiatus. The applicant was described as no longer working at McDonalds. The applicant reported wrist, knee, and shoulder pain, it was stated. The applicant had multifocal joint pain. The applicant was given Ibuprofen as a first-line agent and was given Ultracet (Tramadol-acetaminophen) on a first-time basis. It does appear that, ultimately, this was unsuccessful as the applicant apparently phoned in on January 22, 2014 to report some unspecified adverse reactions to Tramadol. The attending provider then introduced Tylenol No. 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRACET 1 BID AS NEED FOR PAIN # 60 ':** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain, Tramadol Page(s): 82, 94, 113.

**Decision rationale:** As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol and, by implication, Ultracet (Tramadol-acetaminophen), is indicated for moderate-to-severe pain. As further noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is not recommended as a first-line oral analgesic. In this case, the attending provider seemingly introduced Ultracet (Tramadol-acetaminophen) as a second-line agent, to be employed in combination with first-line Motrin. This is an approved indication for the same, per page 82 of the MTUS Chronic Pain Medical Treatment Guidelines. While introduction of Tramadol was ultimately unsuccessful in the sense that it generated some unspecified adverse effect, it was nevertheless indicated and appropriate as of the date it was prescribed, January 14, 2014, when it was introduced as a first-time request. Therefore, the request for Ultracet 1 BID as needed for pain, #60 is medically necessary.