

<b>Case Number:</b>	CM14-0078369		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 45 year old male who was injured on 11/26/2013. The diagnoses are right shoulder impingement syndrome, right elbow pain, right ulnar neuritis, right cubital tunnel syndrome and right epicondylitis. An MRI of the right shoulder is pending. The patient reported improvement with PT and the use of TENS unit. On 2/2/2014, [REDACTED] noted objective findings of right shoulder impingement, tenderness at the right acromio-clavicular joint and positive right Tinel sign. On 2/11/2014, the UDS was negative for prescribed tramadol but positive for THC, a marijuana metabolite. On 3/25/2014, [REDACTED] noted subjective complaints of 7/10 pain score in a scale of 0 to 10 and decrease in range of motion due to pain. The medications tramadol and Motrin for pain, Prilosec for the prevention and treatment of NSAID induced gastritis and orphenadrine for muscle spasm. A Utilization Review determination was rendered recommending non certification for Ultracet #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription request for Ultracet #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Tramadol; When to continue/discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 111, 119.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of acute pain and exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, PT and exercise. Ultracet is a formulation of two analgesics, tramadol and acetaminophen. Tramadol is an analgesic with opioid and non opioid properties. The use of tramadol is associated with less opioid addictive and sedative properties. The guidelines recommend that opioids should be discontinued in the presence of aberrant drug behaviors. The use of opioids with non prescription and addictive substances is associated with increased incidence of adverse drugs interactions, over sedation, diversion and addictive behavior. The record showed a UDS report that is negative for tramadol but positive for marijuana. The patient is also utilizing orphenadrine, a muscle relaxant that have addictive properties. Therefore, the request for 1 prescription request for Ultracet #60 is not medically necessary and appropriate.