

<b>Case Number:</b>	CM14-0194115		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Geriatrics 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 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 injured worker is a 26 year old man with a date of injury of 3/6/14. He was seen by his provider on 10/7/14. He reported continued 8/10 left knee pain with weakness and popping. His exam showed that he walked with a limp and could squat to 30%. His left knee range of motion was 0 degrees extension and 95 degrees flexion. His medications included Ultracet and Relafen for pain. His diagnoses were lumbosacral sprain with radicular symptoms and left knee sprain. At issue in this review is the request for Ultracet (37.5 Tramadol HCL/325 Mg. Acetaminophen Tablets).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet (37.5 Tramadol HCL/325 mg Acetaminophen Tablet): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to

allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Ultracet (37.5 Tramadol HCL/325 mg Acetaminophen Tablet) is not substantiated.