

<b>Case Number:</b>	CM14-0200272		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of October 21, 2005. A utilization review determination dated November 11, 2014 recommends noncertification of tramadol/acetaminophen. A progress report dated September 24, 2014 identifies subjective complaints of left shoulder, left elbow, and left-hand pain. Medications and tens unit are "very helpful with pain and activities of daily living." Objective examination findings revealed decreased range of motion and tenderness in the left wrist and shoulder. Diagnoses include sprain of left wrist, sprain of left shoulder, and status post arthroscopic left shoulder decompression. The treatment plan recommends continuing with the current medications and tens unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325 MG #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Ultracet (Tramadol/acetaminophen), the California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication.

Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (Tramadol/acetaminophen) is not medically necessary.