

<b>Case Number:</b>	CM15-0031875		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 49 year old female, who sustained an industrial injury on June 7, 2012. She reported an injury to her knee when walking up the stairs. The diagnoses have included chronic pain syndrome. Treatment to date has included medication, home exercise program, physical therapy, cortisone injection, ice/heat therapy, and modified work duties. Currently, the injured worker complains of ongoing knee pain. She rated the pain a 4-5 on a 10 point scale and reported that she was unable to continue her acupuncture therapy due to transportation issues. On exam, she had moderate right knee tenderness and a decreased range of motion of the cervical spine. On January 20, 2015 Utilization Review modified a request for Ultracet (Tramadol 37.5 mg/Acetaminophen 325 mg #270), noting that there was no documentation of symptomatic or functional improvement from previous usage and no documentation of failed trial of first-line opiates. The request was modified to initiate the weaning process. The California Medical Treatment Utilization Schedule was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Ultracet (Tramadol 37.5 mg/Acetaminophen 325 mg #270).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet (Tramadol 37.5mg/Acetaminophen 325mg) #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet (tramadol 37.5/325 mg) #270 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic pain: joint pain left leg/right knee status post surgery; sprain neck. The documentation indicates Ultracet was first prescribed September 29, 2014. Prior to September 29, 2014, the injured worker was taking Relafen. There were no opiates in the medical record. The documentation does not provide a clinical indication or rationale for Ultracet use. Subsequent documentation does not provide objective functional improvement with ongoing Ultracet use. The injured worker offers no new complaints. There are no risk assessments in the medical record. There are no detail pain assessments in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, Ultracet (tramadol 37.5/325 mg) #270 is not medically necessary.