

<b>Case Number:</b>	CM15-0035134		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 1, 2011. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for Ultracet reportedly dispensed on December 9, 2014. The claims administrator did, however, approve a request for Naprosyn apparently dispensed on the same date. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported persistent complaints of hand, arm, and neck pain with associated paresthesias. The applicant was apparently planning to retire, it was stated. Multiple medications were seemingly reviewed via a separate prescription form of the same date, including Naprosyn and Ultracet. No discussion of medication efficacy, however, transpired. Similarly, on September 19, 2014, the applicant again reported ongoing complaints of neck, shoulder, and arm pain. The applicant was given prescriptions for Naprosyn and Ultracet via a separate prescription form of the same date. No discussion of medication efficacy transpired insofar as Ultracet was concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol-Acet 37.5/325mg QTY: 180 (DOS: 12/9/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function affected because of ongoing Ultracet usage. No discussion of medication efficacy transpired insofar as Ultracet was concerned on or around the date in question, December 9, 2014. Therefore, the request was not medically necessary.