

<b>Case Number:</b>	CM14-0115191		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 American Board of Family Practice 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:

25-years old male claimant sustained a work injury on 9/12/12 involving the left wrist. He had a distal comminuted radial fracture with displaced fragment of the distal radius. He underwent and ORIF procedure. A progress note on 6/26/14 indicated he had ongoing 8/10 pain in the left wrist. He had previously been on Mobic and Ultracet. Exam findings were notable for limited ability to fully supinate and pronate the forearm. There was reproducible pain in the left wrist during flexion and extension. He was continued on the above medications due to the claimant noting improved function. He had been on opioids including Norco for over a year and on Ultracet since at least mid- 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding criteria for use of Opioids: Ultracet. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-93.

**Decision rationale:** Ultracet contains Tramadol and Tylenol. Tramadol is a synthetic opioid affecting the central nervous system. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There is a limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. In this case, the claimant had been on opioids for over a year. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The continued use of Ultracet is not medically necessary.