

<b>Case Number:</b>	CM14-0181228		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 72 year old woman with a work-related injury dated 8/7/2003 resulting in chronic upper extremity pain. The patient was evaluated by the primary treating physician on 9/8/14. The documentation states she had an allergic reaction to both hands from liquid wrench. She was treated with steroids and antibiotics. The physical exam shows continued change in sensation of the volar wrist/hand. The diagnosis included Carpal Tunnel Syndrome, and pain in joint forearm. Under consideration is the continued use of Ultracet and tramadol for pain. These medications were denied as not medically necessary during utilization review dated 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Ultracet is a medication that includes a combination of acetaminophen and tramadol. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking selective serotonin reuptake inhibitor

(SSRIs), Tricyclic Antidepressants (TCAs) and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and Monoamine oxidase inhibitors (MAOIs), and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had improved pain and functioning with the use of tramadol. The continued use of tramadol is not medically necessary.

**Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had improved pain and functioning with the use of tramadol. The continued use of tramadol is not medically necessary.