

<b>Case Number:</b>	CM13-0050649		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/03/1987
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Oncology and is licensed to practice in Texas. 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 physician 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 patient is a 53-year-old male who reported injury on 04/03/1987. The mechanism of injury was not provided. The patient was noted to have back pain localized in the small of the back with radiation at times to bilateral lower extremities that was moderate in degree. The pain was noted to be aggravated with movements and activity and was dull in nature and occurred off and on. The patient was noted to have paresthesia in the left leg and the reflexes were noted to be exaggerated on the left side. The patient was noted to ambulate with a cane. The patient's diagnoses were noted to include lumbosacral spondylosis without myelopathy, numbness, limb pain, idiopathic peripheral autonomic neuropathy, unspecified, and C1-4 level spinal cord injury, unspecified. The request was made for Ultram, vitamin B12 and folate testing

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for Ultram 50mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids Page(s): 76,84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 82,93,94,113.

**Decision rationale:** The California MTUS states Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The clinical documentation submitted indicated the patient had pain that radiated at times to the bilateral lower extremities that was moderate in degree. There was a lack of documentation indicating the patient had trialed first line medications. The request was made for Ultram 50 mg with 2 refills. There was a lack of documentation of the necessity for 2 refills without re-evaluation as the patient was noted to be starting the medication. Given the above, the request for Ultram 50 mg #90 with 2 refills was not medically necessary.

**retrospective request for lab vitamin B12 and Folate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Vitamin B. and Merck Manual.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online Website

**Decision rationale:** Per labtestsonline.com "Vitamin B12 and folate are primarily ordered to detect deficiencies and to help diagnose the cause of certain anemias." The clinical documentation submitted for review indicated that the plan included lab testing for vitamin B12 and folate for the patient's lumbar spondylosis without myelopathy, numbness, limb pain, C1-4 level spinal cord injury, unspecified, and idiopathic peripheral autonomic neuropathy, unspecified and it was indicated the labs were preventative. There was a lack of documentation indicating the rationale for the lab testing. Given the above, the request for lab vitamin B12 and folate is not medically necessary.