

<b>Case Number:</b>	CM13-0053411		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 01/05/2010, the mechanism of injury was not provided. The patient indicated that with the use of his medications, the pain level was 5/10 and without medications, the pain was noted to increase to 8/10. The patient was noted to be taking tramadol 50 mg, cyclobenzaprine 7.5, and naproxen 550 mg. The patient indicated that he does not have side effects except for gastrointestinal symptoms which was treated with omeprazole. The patient's diagnoses were noted to be lumbar disc syndrome, lumbar radiculopathy, lumbar spondylolisthesis, cervical cranial syndrome, cervical disc syndrome, right shoulder impingement status post, and situational depression with anxiety. The request was made for Ultram 50 mg 1 by mouth twice a day for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 MG one by mouth two times per day for symptoms related to Cervical Spine, Right Shoulder, Lumbar Spine and Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://www.acoempracguides.org/shoulderdisorders>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

**Decision rationale:** California MTUS Guidelines indicate that Ultram is an appropriate opiate treatment for chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug behavior. The clinical documentation submitted for review indicated the patient's pain was 5/10 with the use of medication and without medication the patient's pain was noted to be 8/10. The patient noted side effects for medications which included gastrointestinal symptoms. There was lack of documentation of objective functional improvement, as well as aberrant drug behavior. Given the above, the request for Ultram 50mg 1 po Bid #60 for symptoms related to cervical spine, right shoulder, lumbar spine and left knee is not medically necessary.