

<b>Case Number:</b>	CM13-0058508		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 48-year-old with an injury date on July 17, 2009. Based on the October 1, 2013 progress report provided by [REDACTED], the patient's diagnosis includes lumbar post-laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, history of left chip avulsion fracture of left ankle, neurogenic bladder/erectile dysfunction, obesity, left knee infection, and right femur status post open reduction with internal fixation. [REDACTED] is requesting for Ultram ER 150 mg #30 (take one daily). The utilization review determination being challenged is dated November 18, 2013 and recommends denial of the Ultram. [REDACTED] is the requesting provider, and he provided treatment reports from January 18 to October 1, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM ER 150MG, #30, TAKE ONE (1) DAILY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate releas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Page(s): 60-61.

**Decision rationale:** According to the October 1, 2013, progress report by [REDACTED], the patient presents with lumbar post-laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, history of left chip avulsion fracture of left ankle, neurogenic bladder/erectile dysfunction, obesity, left knee infection, and right femur status post ORIF (open reduction with internal fixation). The request is for Ultram ER 150 mg #30 (take one daily). The request was denied by utilization review letter dated November 18, 2013. The rationale was that since the patient is "currently on 112 MED, the addition of Ultram 150 mg #30 would increase the MED to 133.6 which would exceed the guideline recommendations." The Chronic Pain Medical Treatment Guidelines Medications states, "medication to be used as directed to cure or for relief of injury or condition related to the industrial injury. Use of medication, especially oral medications will be monitored closely for effectiveness and possible dependency." The October 1, 2013 progress report states that the "patient has tried long-acting pain medication in the past, namely OxyContin and Opana, neither of which worked well." The actual progress report with the request was not given. It seems as though the provider may have requested a trial with the Ultram between the most recent progress report (10/01/13) and the utilization review date (November 18, 2013) since the combination of OxyContin and Opana was not helpful. The Chronic Pain Medical Treatment Guidelines Medications support opiate trials when other medications fail. For on-going use, the treater must provide adequate documentation of function and pain. The request for Ultram 150mg, once daily, thirty count, is medically necessary and appropriate.