

<b>Case Number:</b>	CM13-0059216		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/29/2013
<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 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 injured worker is a 62-year-old male who reported a work related injury on 02/20/2007. The injury reportedly occurred when the injured worker stepped on a rebar and twisted his right leg and knee. The injured worker's diagnoses include right knee osteoarthritis, status post right total knee replacement, left knee severe osteoarthritis, left hip severe osteoarthritis, low back pain with radicular pain, history of GI bleeding. On 12/11/2013, the injured worker was seen at a follow-up appointment with no significant changes in his knee or hip problems. He does complain of back pain with "bad" left sciatica, and continues to take Roxicodone 20 mg 4 times a day for pain control. The pain is extreme to the low back, hip, knee, and left sciatica. There was documentation in the treatment plan which did note to add Ultram ER 150 mg daily for persistent pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 150MG ER QD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use Of Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines does note that the ongoing management of opioids should include detail documentation of pain relief, functional status, and the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation provided did not note any pain assessment of effectiveness of the medication, increase in activities of daily living, any adverse side effects from the medication, or any aberrant drug taking behaviors noted in the documentation. There were no exceptional factors noted in the documentation to support the need for Ultram 150 mg ER daily. The request for Ultram 150 mg ER QD is not medically necessary and appropriate.