

<b>Case Number:</b>	CM13-0068577		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Internal Medicine 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 48 year old male who reported an injury on 10/01/2013 due to a motor vehicle accident. The clinical report dated 01/15/2014, indicated diagnoses of cervical spine, trapezius sprain and strain, spondylosis and decreased disc height C5-C6, history of closed head trauma and possible post-traumatic head syndrome, right forearm contusion, improved, and left lower leg contusion, abrasion improved. The injured worker reported severe left-sided headache, pain in the neck, upper shoulder, right forearm and left lower leg. Ultram was prescribed to maintain the injured worker's painful symptoms and keep his functional level where he could better perform activities of daily living. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines Chronic Pain state Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-

line oral analgesic. Opioid analgesics and Ultram have been suggested as a second-line treatment (alone or in combination with first-line drugs) for neuropathic pain. The "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors) are criteria to consider for the ongoing use of opioids. The injured worker diagnoses are cervical spine, trapezius sprain and strain, spondylosis and decreased disc height C5-C6, history of closed head trauma and possible post-traumatic head syndrome, right forearm contusion, improved, and left lower leg contusion, abrasion improved. There is a lack of evidence in the records indicating if the injured worker failed non-opioid analgesics, in addition, there is a lack of documentation of discussion of adverse side effects of Ultram. It was unclear if the injured worker had any aberrant drug-taking behaviors. The efficacy of the medication was unclear. Therefore, per California Chronic Pain Medical Treatment Guidelines, the request for Ultram 50mg #120 is not medically necessary.