

<b>Case Number:</b>	CM14-0002831		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 patient is an injured worker with the diagnoses of lumbar herniated nucleus pulposus, lumbar degenerative disc disease, and lumbar radiculopathy. The date of injury was April 28, 2009. The primary treating physician's progress report dated November 27, 2013, documented subjective complaints of continued low back pain to left hip, buttock, and left leg, numbness dorsum left foot, and weakness and giving way in the left leg and foot when walking. Objective findings included positive straight leg raising left at 60 degrees, negative on the right, 4 out of 5 strength left anterior tibialis and extensor hallucis longus on motor testing, and decreased sensation left L-5 dermatomal distribution. This patient continues to demonstrate weakness and a limp due to neurologic compromise in the leg secondary to her disk herniation. She will be having a surgical consult within the next three weeks. She remains disabled pending the decision regarding surgery. Her Ibuprofen is effective for inflammation, but her pain is worsening, and as such, Ultram 50 mg, 1-2 q 4-6 hr #100 with one refill is prescribed for pain. Hopefully this will be approved as neurogenic pain is quite severe and corresponding directly with the MRI findings on neurological and physical exam, this is necessary. The MRI of the lumbar spine on 09-04-2013 reported that a large 1.5 cm left eccentric focal disc extrusion is seen at L4-L5 and moderate to severe central canal and left L4-L5 lateral recess stenosis. A visit note dated 12/19/2013 documented that the patient presented with low back pain. The injury occurred at work on April 28, 2009 after heavy lifting. The location of pain is the across the low back. Radiation is into both legs. Current treatment includes non-steroidal anti-inflammatory drugs. Past treatment has included chiropractic treatment and injections. Surgical intervention (lumbar discectomy at L4-5 left) has been recommended. Utilization review decision date was 12-06-2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**100 ULTRAM 50MG WITH 1 REFILL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, and 123.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram is not classified as a controlled substance by the DEA. Ultram is indicated for the management of moderate to moderately severe pain. Primary treating physician's progress report dated November 27, 2013 documented the diagnoses of lumbar herniated nucleus pulposus and lumbosacral degenerative disk disease. She was recommended for lumbar spine surgery. Ibuprofen was effective for inflammation, but her pain was worsening, and as such, Ultram was prescribed for pain. Her neurogenic pain was quite severe and corresponding directly with the MRI findings on neurological and physical exam. The MRI of the lumbar spine on 09-04-2013 reported that a large 1.5 cm left eccentric focal disc extrusion is seen at L4-L5 and moderate to severe central canal and left L4-L5 lateral recess stenosis. The visit note dated 12/19/2013 documented that the patient's treatment included non-steroidal anti-inflammatory drugs. Past treatment has included chiropractic treatment and injections. Diagnoses were lumbar herniated nucleus pulposus large at L4-5, lumbar degenerative disc disease L4-5 and L5-S1, and lumbar radiculopathy left. Surgical intervention lumbar discectomy at L4-5 left was recommended. Medical records documented significant pathology and pain. Patient has been treated with Ibuprofen and chiropractic treatments. The patient has been recommended for lumbar spine surgery. Because of worsening pain, Ultram was prescribed. The patient has significant pain and pathology. The first-line treatments have been utilized. Ultram is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram. Therefore, the request for Ultram 50mg #100 with 1 refill is medically necessary.