

<b>Case Number:</b>	CM14-0008031		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/14/2006
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 with an injury reported on 02/14/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/21/2014, reported that the injured worker complained of cervical spine pain with radiation to the bilateral shoulders. The clinical note dated 12/17/2013, reported upon physical examination that the injured worker's range of motion to his cervical spine demonstrated flexion to 20 degrees, extension to 10 degrees, right and left lateral flexion to 15 degrees. The injured worker's diagnoses included status post cervical spine surgery, status post left sholder surgery, right shoulder impingement syndrome, gastropathy secondary to anti-inflammatory medications, insomnia, and lumbar radiculopathy. The provider requested Ultram ER 150mg, the rationale was not provided. The request for authorization was submitted on 01/10/2014. The injured worker's prior treatments were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ULTRAM EXTENDED-RELEASE (ER) 150MG, #30, ONE (1) BY MOUTH DAILY:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), Page(s): 113.

**Decision rationale:** The injured worker complained of cervical spine pain, with radiation to the bilateral shoulders. According to the Chronic Pain Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided indicating the requesting physician's rationale for the request for Ultram extended-release (ER). The injured worker's prescribed medication regimen was not provided within a recent clinical note. There is a lack of information provided documenting the efficacy of Ultram ER as evidenced by decreased pain and significant objective functional improvements. Therefore, the request is not medically necessary.