

<b>Case Number:</b>	CM14-0112463		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old individual was reportedly injured on 8/16/2006. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 5/27/2014, indicates that there are ongoing complaints of chronic low back pain that radiates in the lower extremities. The physical examination demonstrated lumbar spine: decreased lumbar range of motion, positive straight leg raise, positive muscle spasm, positive tenderness to palpation lumbar paraspinal muscles over hardware. Decreased sensations to light touch lower extremity L3-L4 and L4-S1 bilaterally. Muscle strength 3/5 bilateral at foot dorsiflexion and knee extensors. Patient ambulates with a cane. No recent diagnostic studies are available for review. Previous treatment includes lumbar spinal surgery, medication, and conservative treatment. A request had been made for Ultram 50 mg #60, OxyContin 40 mg #60, and was not certified in the pre-authorization process on 6/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 one every 12 hours for moderate pain, prescribed 5/27/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 OF 127.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**Oxycontin 40mg #60 for severe pain, prescribed 5/27/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92 & 97.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.