

<b>Case Number:</b>	CM14-0132819		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old male with a 10/24/12 date of injury. At the time (6/27/14) of the request for authorization for Ultram (Tramadol) 50mg #30, there is documentation of subjective (persistent pain in the neck and lumbar spine, he does have radiation down to the bilateral lower extremities) and objective (decreased cervical spine range of motion, tenderness over the paraspinals and trapezius muscles bilaterally, hypertonicity over the trapezius muscles bilaterally, cervical compression test was positive, decreased lumbar spine range of motion) findings, current diagnoses (herniated disc cervical spine, cervicgia (neck pain), and impingement syndrome), and treatment to date (medication including Ultram for at least 9 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Ultram; and Ultram is being used as a second-line treatment (alone or in combination with first-line drugs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol) 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80; 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Ultram, the MTUS Chronic Pain Guidelines identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. Within the medical information available for review, there is documentation of diagnoses of herniated disc cervical spine, cervicgia (neck pain), and impingement syndrome. In addition, there is documentation of moderate to severe pain and treatment with Ultram for at least 9 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Ultram for at least 9 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Ultram. Furthermore, there is no documentation that Ultram is being used as a second-line treatment (alone or in combination with first-line drugs). Therefore, the request is not medically necessary and appropriate.