

<b>Case Number:</b>	CM14-0141074		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and Illinois. 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 57-year-old male who reported an injury on 07/07/2011. The mechanism of injury occurred during a traumatic head-on collision. His diagnoses included a medial meniscal tear of the left knee, left C6-7 radiculopathy, L3-4 disc degeneration, L3-5 arthropathy, cervical disc degeneration, cervical stenosis, status post left knee surgery, and status post anterior cervical discectomy and fusion with cage and instrumentation. The injured worker's past treatments include medications, surgery and physical therapy. The injured worker's diagnostic exams included an MRI of the left knee, cervical spine and an X-ray of the lumbar and cervical spine as well. There was also an electromyography study done of the bilateral upper extremities. The injured worker's surgical history included a cervical spine surgical procedure performed on 02/2014. On 08/13/2014, the injured worker complained of neck, lower back and left knee pain. He rated these pains as 7/10 on the pain scale. The physical exam revealed a loss of cervical lordosis and tenderness to palpation of the paracervical muscles and right trapezius. Also, there was a decreased range of motion to the cervical spine. There was tenderness to palpation of the lumbar spine paravertebral muscles bilaterally, as well as decreased range of motion. The injured worker's medications included Restoril 30mg, Xanax 0.5mg, Imitrex 50mg, Norco 10/325mg, Zanaflex 4mg, OxyContin 30mg and Cymbalta 60mg. The treatment plan consisted of an updated MRI scan of the lumbar spine, the continuation of post-operative physical therapy, continuation of medications, and the use of urine drug screens. A request was received for Ultram 50mg #30, one by mouth daily as needed. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #30, 1 by mouth daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, dosing; Opioids, California Controlled Substanc.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The request for Ultram 50mg #30, 1 by mouth every day as needed, is not medically necessary. The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring of chronic patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial function and the occurrence of potentially aberrant drug related behaviors. This documentation must be objective and measurable as to make reasonable evidence based decisions for continued use. Based on the clinical notes, the injured worker had complaints of neck, lower back and left knee pain. He rated this pain 7/10 on the pain scale. The injured worker's diagnoses included cervical disc degeneration, left C6-7 radiculopathy, lumbar disc degeneration, and L3-5 facet arthropathy and status post cervical surgery. The indication of radiculopathy signifies neuropathic etiology and the guidelines do not recommend opioid use for the treatment of neuropathic pain as a first line therapy. The clinical notes indicated that the injured worker had a pain rating of 7/10 since 05/2014. The evidence of diminished medication efficacy between 5/2014 and 8/2014 does not warrant the continued use of the opioid medication. Additionally, the clinical notes failed to indicate pre and post medication pain levels in order to determine the efficacy of the pain medication. There was no indication that the medication improved his functional ability. The injured worker was also on Norco 10/325 mg and OxyContin 30 mg, which in conjunction should provide adequate pain relief. Therefore, due to lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, evidence of diminished medication efficacy and the utilization of urine drug screens to monitor aberrant drug taking behaviors, the request is not supported. Thus the request for Ultram 50 mg #30 one by mouth every day as needed is not medically necessary.