

<b>Case Number:</b>	CM14-0151243		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/23/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Family 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:

This 52-year old woman sustained a work-related injury dated 10/23/05. The records do not delineate the mechanism of injury beyond stating that it is "cumulative trauma". According to the utilization review report dated 8/21/14, the patient's current diagnoses include herniated cervical disc with radiculitis, herniated lumbar disc with radiculitis, psychological disorder, cephalgia, right inguinal hernia, anxiety and depressive illness with intermittent insomnia. It states that a prior utilization review dated 10/17/14 resulted in a recommendation of a one-time refill of both Ultram and Norco for the purpose of weaning. It also states that a subsequent peer review on 4/23/14 recommended non-certification of Ultram ER and Norco. The 8/21/14 UR itself also recommended non-certification of Ultram and Norco. There are two progress reports from the primary treater's office in the available records, dated 2/21/14 and 5/9/14. The 5/9/14 note was signed by a chiropractor. The primary treater himself, who is an orthopedist, signed the 2/21/14 note. The notes are essentially identical. Both document neck and back pain of unspecified intensity with decreased range of motion of both neck and back. The diagnoses include cervical strain and herniated cervical disc, lumbar strain and herniated lumbar disc, symptoms of anxiety and depression, and symptoms of insomnia. On both visits the treatment plan consisted only of: Norco 10/325 mg tablet, one every 4-6 hours for severe pain; Ultram 150 mg tablet, one daily for moderate pain; Anaprox 550 mg tablet, one twice a day for swelling/inflammation; Prilosec 20 mg capsule, one daily to protect gastric mucosa. It appears likely that these medications are being dispensed in the primary provider's office. There is no description of the patient's level of function, or of any functional goals. The patient's work status is listed as "permanent partial disability" in the 5/9 note, and as "previously declared permanent and stationary" in the 2/19 note. It is unclear whether or not she is working. The 2/19 note contains a statement that the provider has questioned the patient, and that she states the

medications have been beneficial. No details as to how they have been beneficial are documented. There is a supplemental report from the primary treater in the record dated 5/30/14 responding to previous denials of Ultram and Norco, stating that there are no other treatment options besides Ultram and Norco. It states "we are treating a human being with severe excruciating back pain radiating to her lower extremities. We are not treating a work-related injury based on guidelines".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram ER 150mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids, Steps to Take Before a Therapeutic Tr.

**Decision rationale:** Ultram ER is long-acting Tramadol, which is an opioid medication. Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. Patients taking opioids sometimes develop abnormal pain, a change in pain pattern, or persistence in pain at higher levels than expected, which are actually a result of taking opioids. This is called opioid hyperalgesia. According to the last MTUS guideline cited above, opioid hyperalgesia should be screened for, as it actually may require weaning off opioids rather than increasing doses. The clinical findings in this case do not support the continued use of Ultram. The patient's pain levels, physical exam and functional levels have not improved as a result of taking Ultram. There is no documentation of any evaluation of functional level, or of an attempt to set functional goals and to work with the patient to achieve them. There is no assessment of the side effects of the medications prescribed, and no documentation of what the concerns and plans are in regards to the patient's anxiety and depression. The available notes are cursory, and do not bear out the primary provider's statement that he feels the patient is a "human being in excruciating pain". If he does in fact feel this way, it is important to assess whether or not the current treatment is actually causing the patient harm. That would be the case if she has opioid hyperalgesia, or if she continues to take potentially addictive medications that are not improving her pain or function level. Based on evidence-based citations listed above and the clinical findings in this case, Ultram is not medically indicated. Ultram ER 150 mg #90 with 3 refills is not medically necessary.