

<b>Case Number:</b>	CM14-0151381		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 61 year old male who was injured on 8/10/2011. The diagnoses are neck, low back, right shoulder and bilateral knees pain. The radiological reports did confirm cervical spine foraminal stenosis, bilateral knees meniscal tears and right shoulder tendinopathy. On 8/19/2014, [REDACTED] noted subjective complaint of 8/10 pain score without medication and 4-5/10 pain score with medication on a score of 0 to 10. There was objective finding of tenderness to the lumbar paraspinal muscle. The medications are Norco, Ultram for pain and Zanaflex for muscle spasm. There was no adverse medication effects reported. The UDS was consistent. The patient was able to do household chores and ADL with the utilization of the medications. It is unclear which medications are currently being utilized as the records indicate that the Norco, Ultram and Zanaflex were recently not authorized. A Utilization Review determination was rendered on 9/6/2014 recommending non certification for Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be used in the treatment of exacerbation of chronic musculoskeletal pain as well as for maintenance treatment when non opioid medications options, PT and surgical options have been exhausted. The use of Ultram is associated with less opioid complications because of less effect on central opioid receptors than pure opioid agonists. The records indicate that the patient was able to increase ADL and complete household chores with the utilization of the medications. There was no reported side effect. The UDS tests were reported as consistent. The criterion for the use of Ultram ER was met.