MAXIMUS Federal Services

| Case Number: | CM14-0156057 | | |
|---|---|---|---|
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/04/2003 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

## 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 Alabama. 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 62 year old female who was injured on 12/04/2003 when she fell backwards landing on her left side. The patient underwent a lumbar fusion at L5-S1 on 01/22/2007. Progress report dated 04/25/2014 states the patient complained of increased back pain with numbness in bilateral legs. She is also having right shoulder pain and is very tender to touch. Objective findings on exam revealed full range of motion of the right shoulder but there is a mass over the posterior lateral aspect of the shoulder essentially over the supraspinatus muscle. It measures 5x4 cm and is very tender to touch. The lumbar spine revealed intact sensation and no neurologic deficits. There is paraspinal muscle tenderness bilaterally but without spasm. There is positive spring test in the lumbar spine and over the superior iliac crests. The patient was diagnosed with shoulder pain, lumbago, and benign lipomatous neoplasm. There are no other reports available for review. A prior utilization review dated 09/02/2014 states the request for Ultram 300mg #30 is denied as this medication is not supported for long term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96.

**Decision rationale:** The above MTUS guidelines for opioids states "Not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." They also state "Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances." In this case, there is no recorded documentation of prior first-line therapy, severe pain, neuropathic cancer pain, or contraindications to first-line medications. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.