

<b>Case Number:</b>	CM14-0158515		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 2, 2014, the claims administrator failed to approve a request for Ultram, suggesting that the applicant had failed to proffer from the same. In a September 12, 2014 progress note, the applicant reported 8/10 low back pain without medications. The applicant was working 25 hours a week with permanent limitations in place. The applicant was able to perform driving tasks. The applicant was having difficulty doing certain exercises owing to comorbid chronic obstructive pulmonary disease (COPD). The applicant's COPD was apparently limiting his ability to exercise. The attending provider did suggest, albeit incompletely, that tramadol was generating appropriate analgesia and helping the applicant to maintain successful return to work status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines synthetic opioid medication Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently returned to part-time work at a rate of 25 hours a week, the attending provider has posited. The attending provider has written on several occasions that tramadol is keeping the applicant functional, keeping the applicant at work, and generating appropriate analgesia. While it is acknowledged that the applicant's ability to perform many activities of daily living is limited, this appears to be a function of COPD as opposed to a function of the applicant's chronic low back pain issues. Continuing Ultram (tramadol), on balance, is indicated. Therefore, the request is medically necessary.