

<b>Case Number:</b>	CM14-0166948		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/23/1998
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

Patient is a 65 year-old female with date of injury 06/23/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination revealed tenderness to palpation of the cervical and lumbar paraspinal muscles. Lumbar and cervical ranges of motion were restricted by pain in all directions. Lumbar extension was worse than flexion. Lumbar and cervical provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 1 and symmetrical bilaterally in all limbs. Diagnosis: 1. Positive percutaneous spinal cord stimulator trial 2. Failed back surgery syndrome 3. Lumbar disc protrusion 4. Lumbar post laminectomy syndrome 5. Lumbar stenosis 6. Status post lumbar fusion 7. Lumbar facet joint arthropathy 8. Status post anterior cervical discectomy and fusion 9. Cervical post laminectomy syndrome 10. Cervical disc protrusion 11. Cervical facet joint arthropathy 12. Cervical stenosis 13. Cervical strain/sprain 14. Lumbar strain/sprain 15. Type 2 diabetes 16. Hypertension 17. GERD 18. Depression. The medical records supplied for review document that the patient has not been prescribed the following medication before the date of the request for authorization on 09/02/2014. Medications: 1. Ultram ER 100mg, #45 SIG: 1-2 tabs p.o.q. 24h.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**prescription of Ultram ER 100mg, #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26 Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The prescribing provider is attempting to follow these Guidelines by first discontinuing the Norco which has not been effective, and then starting tramadol ER in an effort to control the patient's pain. I am reversing the previous utilization review decision.