

<b>Case Number:</b>	CM14-0169188		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 injured worker is a 67 year old male with a reported date of injury on April 09, 2012. The mechanism of injury is described as falling from a ladder. The September 30 and September 02, 2014 dates of exam revealed the injured worker is using Lidoderm Patches and Ultram for pain relief. The diagnoses are lumbosacral radiculopathy and intervertebral disc disorder. Subjective complaints are noted as neck, low back and lower extremity pain. Objective signs are decreased range of motion of lumbar spine. Complaints of headache are also noted. Date of exam occurring on August 05, 2014 with the same treating physician notes the injured worker is unable to undergo epidural steroid injections due to history of cardiovascular accident. The injured worker has been using Tramadol, Ultram, and Lidoderm Patches for a series of eight months. The request is for Pharmacy purchase of Ultram 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there is no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of alternative methods of pain management such as home exercise program or hot/cold modalities. There is no evidence of urine drug test in order to monitor compliance. In accordance to guidelines and due to lack of documentation, the request for Ultram is not medically necessary.