

<b>Case Number:</b>	CM14-0020022		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Illinois. 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 29 year old male who reported a pulling injury on 12/28/2012. Within the clinical note dated 04/09/2014 the injured worker stated he had no change in location of the lower back pain and rated his pain with pain medication at 4/5 and 8/10 without his medication and was taking Roxicodone 3 times a day with good relief. The injured worker further stated his activity level remained unchanged. The prescribed medication list included Celebrex 200mg daily, Colace 100mg twice a day, and Roxicodone 15mg up to 2 times a day. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, thoracic pain, and muscle spasms. The request for authorization was dated 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50 MG #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): 78.

**Decision rationale:** The CA MTUS guidelines recognize four domains that 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 injured worker reported adequate pain control with the prescribed medication on 04/09/2014 without the use of Ultram and would be medically unnecessary to prescribe more opioids. Lastly it was not addressed in the clinical exam why the injured worker increased his frequency of Roxicodone without documentation the physician was notified and was not counseled that it could be viewed as non-adherence or abuse. Therefore, the request is not medically necessary.