

<b>Case Number:</b>	CM14-0022131		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 50 year old male who sustained an injury on 04/01/13 when he tripped over a piece of wood causing injury to the low back. The injured worker was followed for continuing complaints of low back pain. Prior conservative treatment included physical and chiropractic therapy however the injured worker continued to report persistent low back pain radiating in the left lower extremity. The clinical record from 12/19/13 noted persistent tenderness to palpation in the lumbar spine with limited lumbar range of motion. Sensation was decreased in a left L5-S1 nerve root distribution. The injured worker was weaning off of Norco. Urine drug screen findings from 02/06/14 showed negative result for Tramadol. The injured worker still had positive findings for Hydrocodone. Follow up on 01/23/14 noted persistent low back pain radiating to the left lower extremity. The injured worker reported that Ultram was not beneficial and only minimally reduced his pain scores. Physical examination noted continued loss of lumbar range of motion in the lumbar spine with tenderness to palpation over the paraspinal musculature. Sensation and strength were decreased in a left L4 through S1 distribution. Norco was refilled at this evaluation for pain. Follow up on 03/05/14 noted the injured worker continued to utilize Norco for pain. Physical examination remained unchanged. Follow up on 04/21/14 again noted persistent complaints of low back pain radiating to the left lower extremity. The injured worker was continued on Norco at this visit. The requested Ultram 50mg #60 was denied by utilization review on 01/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM (TRAMADOL 50 MG) 1-2 TAB PO Q6HRS (MAX 6/DAYS PRN PAIN  
COUNT #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Ultram 50mg quantity 60, this medication is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. There is no indication from the records that Ultram was beneficial in any way in addressing continuing complaints of low back pain radiating to the lower extremities. The clinical records noted that the injured worker had minimal reduction in pain scores with the use of Ultram. The injured worker was placed back on Norco for pain. The injured worker had continued Norco through 04/14. Given the lack of efficacy documented in the clinical record for Ultram, this request is not medically necessary.