

<b>Case Number:</b>	CM14-0033321		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Orthopedic Surgery 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:

This 33-year-old female machine operator sustained an industrial injury on 2/21/12. Injury occurred when she slipped and fell. She underwent left knee arthroscopic meniscectomy on 2/25/13. The 4/12/13 right shoulder MRI impression documented acromioclavicular osteoarthritis and mild supraspinatus tendinitis. The 4/16/13 lumbar MRI impression was bilateral L3/4, L4/5, and L5/S1 facet arthrosis. The patient was referred to pain management on 8/6/13 for failure of conservative treatment that included Ultram. The diagnosis was lumbar sprain/strain, left sacroiliac joint arthropathy, and facet arthropathy at L3/4, L4/5, and L5/S1 bilaterally. The treatment plan recommended left sided sacroiliac joint block and future facet joint blocks. Records indicated that the patient had been taking Ultram since at least 2/23/12. There was no documentation of reduced pain, increased function, or improved quality of life with the use of this medication. The 1/29/14 treating physician report indicated there was no change in the patient's condition. She was not taking medication. No functional difficulty was noted. Ultram was prescribed. The 2/17/14 utilization review modified the request for Ultram 50 mg #60 to Ultram 50 mg #30 as continuation was not supported by guidelines in the absence of documented functional improvement attributed to on-going Ultram use. Allowance was made for safely weaning the patient off opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

**Decision rationale:** The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. Records indicate the patient has been using Ultram since at least 2/23/12 with no documentation of reduced pain, increased function, or improved quality of life with use. The 8/6/13 pain management report stated that conservative treatment, including medication, had failed. The 2/17/14 utilization review modified the request for Ultram 50 mg #60 to Ultram 50 mg #30 noting no documentation of functional benefit and to allow for weaning. Therefore, this request for Ultram 50 mg #60 is not medically necessary.