

<b>Case Number:</b>	CM14-0034960		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Pain Management, has a subspecialty in Anesthesiology 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 53 year old male who sustained an injury to his neck on 05/16/07. The specific mechanism of injury was not documented; however, the records indicate the injured worker is a mechanic and works on trucks in awkward positions and has to perform awkward movements including crawling, kneeling, and bending. An MRI of the cervical spine dated 10/21/10 revealed at C6-7, there is a broad right paracentral 1-2 millimeter disc protrusion with mild mass effect, but no cord compression or stenosis. The records indicate that the injured worker has completed at least twelve physical therapy visits to date. He continues to complain of increased pain in the neck with radiation all the way down to the low back. He noted that his Norco is not helping at all. The physical examination noted tenderness of the cervical paraspinals on the left; cervical spine range of motion restricted in all planes with increased pain; muscle guarding also noted along the cervical paraspinal and trapezius muscle groups bilaterally; sensation diminished along right C6-7; deep tendon reflexes 1 bilaterally. Other medications included Neurontin. The injured worker was diagnosed with cervical disc radiculitis and degeneration of the cervical disc. The injured worker was started on Ultram extended release 100mg/day (1 tablet twice a day for 30 days).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 60 Tablets of Ultram Extended Release 100 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Ultram 100 mg #60 is not recommended as medically necessary. The submitted clinical records indicate that the claimant has chronic cervical pain with radicular features. The claimant is not receiving any benefit from Norco. The prescriber has recommended Ultram ER 100 mg one tablet two times per day. This request exceeds the recommended dose of 100 mg per day. As such, the medical necessity is not established.