

<b>Case Number:</b>	CM14-0035636		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 patient is a 57-year old male injured worker with date of injury 10/4/10 with related low back pain. Per 11/18/13 progress report, he reported low back pain rated as 8/10, right hip pain, accompanied with swelling and audible clicking, rated as 8/10, and right knee pain rated as 8/10. He also complained of acid reflux and gastrointestinal issues. He indicated right-sided abdominal pain. He was status post lumbar spine surgery in 2011. MRI of the lumbar spine dated 7/26/11 revealed "anterior disc protrusion endplate osteophyte complex from T10-T11 through L2-L3. There was a 3-mm disc protrusion at L3-L4 disc space indenting the thecal sac. There is clumping to the cauda equina nerve roots noted. There is a significant epidural lipomatosis contributing to narrowing the thecal sac. There is moderate spinal stenosis. There is right mild neuroforaminal stenosis. There is a 4mm central disc protrusion at the L4-L5 disc space indenting the thecal sac without significant epidural lipomatosis consistent with narrowing of the thecal sac. There is severe facet arthropathy. There is compression of the thecal sac in the cauda equina. There is moderate to severe spinal stenosis and moderate bilateral neuroforaminal stenosis, left worse than the right. There is a loss of posterior intervertebral disc height at L5-S1 of 20% with a 2-mm central disc protrusion with bilateral paracentral extension. There is a severe facet arthropathy and epidural lipomatosis." He has been treated with physical therapy and medication management. The date of UR decision was 3/10/14.

### 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 Opioids, Long-term Assessment Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Ultram nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.