

<b>Case Number:</b>	CM14-0041072		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/23/2004
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 02/23/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 03/14/2014, indicated a diagnoses of intractable lumbar pain and lumbar radiculopathy. The injured worker indicated his low back pain and lower extremity symptoms remained exacerbated by his daily routine and he reported he continued to have difficulty with prolonged standing, walking, bending, twisting and the bulk of his activities of daily living. The injured worker reported increased level of pain due to the Tramadol had not been provided to him and he had taken more Anaprox. On physical examination there were no signs of sedation, there were spasms and tenderness of the lower lumbar spine with decreased range of motion. The injured worker used a cane for ambulation. The injured worker's prior treatments included diagnostic imaging, and medication management. The injured worker's medication regimen included Tramadol, Anaprox and Prilosec and Klonopin. The provider submitted a request for Tramadol dated 03/14/2014, however, a rationale was not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level and evaluation of risk for aberrant drug use and behaviors, in addition, the request did not indicate a frequency for this medication. Therefore, the request for Ultram ER 150mg #60 is not medically necessary.