

<b>Case Number:</b>	CM14-0045471		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 & Rehab 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 65-year-old male who reported an injury on 08/31/2007. The mechanism of injury was noted to be lifting drywall and nail screwing repetitively. Prior treatments include medications, chiropractic care, epidural steroid injections, and surgical intervention. The clinical evaluation on 01/05/2014 indicated the injured worker with complaints of cervical pain, thoracic pain, and low back pain. He indicated that he had buckling in his legs, weakness not related to his knees, and pain in his shoulders. The objective findings revealed 22% impairment in the right shoulder. The left shoulder had a 12% impairment. The right knee had a 10% impairment. It was noted he had 2 nerve roots injured, C6 and C7, status post cervical fusion. The treatment plan included taking minimum medications, as long as effectiveness was documented. The provider's rationale was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation submitted for 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 50mg #200 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List: Tramadol and Weaning of Medications.

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

**Decision rationale:** The request for 1 prescription of Ultram 50 mg #200 with 1 refill is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that have are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's evaluation on 01/05/2014 fails to provide an adequate pain assessment. It is not documented a pain rating before or after Ultram use. It is not noted if there had been side effects. Documentation of a urine drug screen was not provided with the review. In addition, the provider's request fails to indicate a frequency. Therefore, the request for 1 prescription of Ultram 50 mg #200 with 1 refill is not medically necessary.