

<b>Case Number:</b>	CM14-0047445		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Occupational 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:

This patient is a 63 y/o female who developed chronic low back pain after a pulling injury dated May 08, 2008. She has been diagnosed with sacroiliitis and electrodiagnostic positive polyneuropathy. She has been treated with physical therapy, acupuncture, injections, and oral analgesics consisting of Lyrica and Ultram 50mg. She is documented to be active in activities of daily living (ADL's) and care taking of her husband. Pain relief from medications is reported to be about 30%. She has been intolerant to trials of other opioids including Roxicodone and Vicodin. She reported that lower dosing of Ultracet (37.5 mg of Tramadol, 2 times a day) was not very helpful and she apparently quite using it as her urine drug screens were negative for this drug. More recently, the dose of Tramadol (Ultram) was increased to 50mg, 3 times a day, which is reported to give her more pain relief than the lower dose. There is no reported repeat drug screen after the recommended increase in dose. There is no history or suspicion of drug misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (50mg, #90):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Page(s): 80.

**Decision rationale:** The California MTUS Guidelines support the judicious use of Opioids when the dosing is kept to the minimum to be effective, there is no misuse, and there are meaningful pain benefits with associated functional improvements. The trial of increased Tramadol is medically reasonable and continues to be quite a limited use of Opioid medication. The benefits to pain and support of function is adequately documented to be consistent with Guideline recommendations. If the drug tests continue to be negative, this issue may need to be re-reviewed, but at this time, the requested Ultram is medically necessary.