

<b>Case Number:</b>	CM14-0051295		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 35-year-old male who reported an injury on 01/30/2006. The mechanism of injury was not provided. On 10/02/2013, the injured worker presented with low back pain with numbness, and a healed left keloid surgery. The diagnoses were chronic intractable axial low back pain, posterior leg pain, lumbar spondylosis, degenerative changes, lumbar instability of L4-5 and L5-S1, persistent left buttock, thigh, and calf pain, and symptomatic keloid status post XLIF. There are no physical examination findings. Prior therapy included medications and surgery. The provider recommended Ultram 50 mg with a quantity of 120. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The request for Ultram 50 mg with a quantity of 120 is not medically necessary. The guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Ultram since at least 12/19/2012, the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.