

<b>Case Number:</b>	CM14-0072948		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured cumulatively leading up to 9/9/1997. He was diagnosed with low back pain with radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, lumbar spinal stenosis, and left knee pain. He was treated with surgery (left knee), acupuncture, lumbar steroid epidural injections, physical therapy, and medications, including chronic opioid use. On 4/7/14, (the most recent office visit note available prior to the request date) the worker was seen by his treating physician for a reevaluation complaining of his chronic low back pain which radiated to his legs and left knee pain. He rated his pain that day at 10/10 without medications and 6/10 on the pain scale with medications. No report on functional benefit of his medications was reported in the note. He was then recommended to continue his Ultram ER 300 mg daily medication as well as Lyrica, Hydrocodone, and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300mg daily QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence of benefit from his collective medical management, including his Ultram ER use. However, there was no evidence documented for any functional benefits related to Ultram ER in addition to pain control. Therefore, without this clear evidence of functional benefit, the Ultram ER is not medically necessary to continue.