

<b>Case Number:</b>	CM14-0082309		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/4/2010. Mechanism of injury is described as a low speed motor vehicle collision vs. tree while working. Patient has a diagnosis of L3-4, L4-5 disc bulge; lumbar spondylosis, L3-S1 facet syndrome, lumbar radiculopathy, SI joint dysfunction, osteoarthritis of R hip and intractable pain. Patient is post lumbar surgery in 9/2011 (unknown type) and L hip surgery (unknown type-occurred in the 1970s). Medical records reviewed. Last report available until 4/21/14. Patient complains of low back pain. Pain radiates to R anterior thigh. Noted weakness to the R leg. Pain is 8/10. Objective exam reveals tenderness to R flank over abdominal obliques and rectus abdominal muscles. Diminished sensation to L5 dermatome. Normal strength except for mildly decreased in R flexors. R hip is limited in range of motion with pain in all directions. Positive Fabere-Patrick test. MRI of lumbar spine (3/27/14) revealed L4-5 bilateral facet changes with prior hemileminectomy, broad based disc bulge with severe left and moderate right neuroforaminal stenosis; L3-S1 degenerative changes and diffuse broad based bulge with mild central stenosis. Urine Drug Screen (3/24/14) was positive for Tramadol and marijuana. Medication list include Ultram, Prilosec and Flexeril. Pt is also on medications for his high blood pressure. Lumbar Xray (4/10/14) reveals mild disc space narrowing at L4-5 and facet hypertrophy at L4-5 and L5-S1. Noted internal fixation rod on L hip joint. EMG/NCV (10/1/12) reveals L4-5 and L5-S1 nerve root radiculopathy bilaterally. Independent Medical Review is for Ultram 50mg #45. Prior UR on 5/16/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-On going management Tramadol (UltramA, Ultram ER) Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Ultram or Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for criteria. The documentation failed all required MTUS components except for documentation of nausea as a side effect. There is no objective assessment of pain improvement, activity of daily living or aberrant behavior. Patient's UDS is noted to be positive for marijuana, there is no noted discussion if it is being used recreationally or for some measure of symptom relief. Ultram is not medically necessary.