

<b>Case Number:</b>	CM14-0085125		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/05/1995
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 and rehabilitation has a subspecialty in Interventional Spine 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 patient is a 74 year-old male with the date of injury of 06/05/1995. The patient presents with pain in his lower back due to post laminectomy syndrome and is s/p L4-S1 fusion. The patient has an SCS implanted. The patient is currently taking Tylenol with codeine, Ultram, Aspirin, Levitra, Labetalol HCL, Lipitor, Diovan, and Amlodipine Besyate. According to [REDACTED] report on 04/23/2014, diagnostic impressions are: 1). Post lamiectomy syndrome lumbar region 2). Lumbago The utilization review determination being challenged is dated on 05/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 12/12/2013 to 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Ultram 50 mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users of Opioids; Tramadol; Criteria for Use of Opioids; When to Continue Opioids;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 89.

**Decision rationale:** The patient presents chronic and severe pain in his lower back. The patient is s/p laminectomy and L4-S1 fusion. The request is for Ultram 50mg #60 with 2 refills. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Ultram or how Ultram has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines therefore, this request is not medically necessary.