

<b>Case Number:</b>	CM14-0139485		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male who reported an injury on 12/15/2009. The injured worker was reportedly cutting a pipe when he developed a sudden onset of low back pain. The current diagnoses include chronic pain syndrome, lumbar radiculopathy, postlaminectomy syndrome, lumbar disc disorder, and cervical radiculitis. On 08/11/2014, the injured worker presented for a follow-up evaluation with complaints of worsening low back pain, as well as radiation into the bilateral lower extremities, groin, and testicles. The current medication regimen includes Norco 10/325 mg, Wellbutrin 100 mg, Ultram 50 mg, and Medrol Dosepak. Upon examination, there was guarding with painful range of motion of the lumbar spine, paravertebral muscle tenderness and hypertonicity, palpable muscle spasm, positive facet loading, positive straight leg raise on the left in the supine position at 70 degrees, positive fabere test on the left, tenderness over the piriformis muscle on the left, and tenderness over the SI joint on the left. There was 4-/5 motor weakness and diminished left S1 sensation. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100mg with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the provider indicated that the injured worker would go back to Ultram ER 100 mg. However, there was no evidence of the injured worker's previous use of this medication with documentation of objective functional improvement. Guidelines do not support multiple refills of an opioid medication. A previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. The request as submitted also fails to indicate a frequency and quantity. Given the above, the request is not medically appropriate at this time.