

<b>Case Number:</b>	CM14-0196030		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/14/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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:

This 39 year old male sustained a work related injury on 11/14/2010. The mechanism of injury was not described. The current diagnosis is intervertebral disc displacement without myelopathy. According to the progress report dated 11/4/2014, the injured workers chief complaints were not documented. The physical examination revealed tenderness to palpation and spasm to the lumbar spine. There was decreased range of motion and sensation to the bilateral lower extremities. On this date, the treating physician prescribed Ultram 50 mg, which is now under review. In addition to Ultram, the treatment plan included a second opinion with spinal surgeon. MRI of the lumbar spine (6/10/2014) showed L5-S1 right paracentral disc protrusion. Treatment to date includes medications, physical therapy, and epidural steroid injection (9/30/2014), in which the injured worker reports no response to. When Ultram was first prescribed work status was described as permanent and stationary. On 11/21/2014, Utilization Review had non-certified a prescription for Ultram 50mg. The Ultram was non-certified based on insufficient documentation of current symptoms. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opioids

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #60 is not medically necessary. Ongoing, chronic opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve all your life. Detailed pain assessments should accompany ongoing, chronic opiate use. The lowest possible dose should be prescribed to improve pain and function. In this case, there are three progress notes in the medical record. One note dated July 7, 2014 indicated Ultram 50 mg PO PID PRN pain #60, another note dated November 4, 2014 indicated Ultram 50 mg PO PI PRN pain #60 and, the third, dated November 14, 2014 indicated Ultracet 37.5 mg PO PID PRN pain #60. Other than renewals on the aforementioned dates, there were no pain assessments, documentation of objective functional improvement and consequently, Ultram 50 mg # 60 is not medically necessary.