

<b>Case Number:</b>	CM14-0198959		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Practice, 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 injured worker is a 43 year old male with a date of injury of June 10, 2012. The patient receives treatment for chronic low back and right knee pain. Diagnoses include multilevel lumbar disc disease with annular tears at L3-4 and L4-5 with mild central canal stenosis, status post right knee arthroscopy, and sleeplessness. Treatment includes Norco, Ambien, Ultram, Prilosec, Diclofenac, and Tizanidine. Magnetic resonance imaging scan of the lumbar spine dated June 17, 2014 showed there is transitional lumbar anatomy with lumbarization of first sacral vertebra, at L3-L4 posterior disc protrusion effaces anterior thecal sac, at L4-L5 grade 1 retrolisthesis, mild canal stenosis and mild bilateral neural foraminal narrowing, At L5-S1 grade 1 retrolisthesis, mild canal stenosis and moderate bilateral neural foraminal narrowing, associated with right S1 radiculopathy. Progress report dated October 9, 2014 showed flexion of the lumbar spine limited to 30 degrees, extension was 15 degrees, lateral bending is 25 degrees bilaterally, and rotation was 40 degrees bilaterally. There was spasm which limited the range of motion. Disability status was documented as permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

**Decision rationale:** This patient has chronic low back pain and is opioid dependent. The guidelines state that studies do not show a benefit in pain management or with restoration of function in treating chronic low back pain with opioids. Opioid therapy is best used to treat exacerbations of low back pain over the short term. In this case the documentation does not show a restoration of function. Ultram is not medically indicated.