

<b>Case Number:</b>	CM14-0199035		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/24/2014
<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:

This is a 54 year old male who suffered a work related injury on 03/01/2007. He has diagnoses of displacement of cervical intervertebral disc without myelopathy, depressive disorder, chronic pain syndrome, and degeneration of cervical intervertebral disc. A physician progress note dated 11/18/2014 documents the injured worker complains of pain in his head, neck shoulder, lower back, and headaches. He continues to have trouble sleeping. Without his medications he is only able to walk, sit and stand up to 15 minutes and with medications he is able to walk, sit and stand 30 minutes. On examination he is tender to palpation at Cervical 7 with swelling and spasms, and he has paraspinal muscle spasm with left sided cervical swelling, spasm, and edema with the left trapezius, and his left shoulder is elevated above the right. Lumbar 5 up to Thoracic 7 has tenderness with paraspinal spasm and lumbar spasm and edema. He has antalgic gait and position changes. Treatment has included medications. The request is for Ultram ER 300mg, # 30. The claimant had been on Nucynta since 2013 for pin and Ultram since at least April 2014. Utilization Review dated 11/24/2014 non-certified the request for Ultram ER 300mg, # 30, citing California Medical Treatment Utilization Schedule. The efficacy of opioid medications such as Ultram should include an objective decrease in pain, increased ability to functions, as well as comments regarding side effects and aberrant behavior. In the progress note dated 11/18/2014 does not include these requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication. He had been on the maximum dose with no significant change in function. He had been on opioids for over a year. Opioids are not indicated for mechanical or compressive etiologies as 1st line agents. The continued use of Tramadol (Ultram) ER as above is not medically necessary.