

<b>Case Number:</b>	CM14-0199214		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/21/2014
<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 Physical Medicine Rehab, 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 54 year old male with an injury date on 10/19/11. The patient complains of low lumbar pain, and right lower extremity pain, rated 5/10 with medications and 7/10 without medications per 11/6/14 report. The patient's current medications include dexilant, ambien, naproxen, and ultram per 10/9/14 report. The patient also has right shoulder pain and right hip pain, and the lower back pain radiates into the right leg per 7/11/14 report. Based on the 11/6/14 progress report provided by the treating physician, the diagnoses are: 1. rotator cuff disc nec 2. radiculopathy 3. hip bursitis 4. lumbar facet syndrome A physical exam on 11/6/14 showed "L-spine range of motion is limited with extension limited to 15 degrees." The patient's treatment history includes medications, physical therapy. The treating physician is requesting ultram 50mg #45. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 6/19/14 to 11/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60,61;76-78;88-89.

**Decision rationale:** This patient presents with lower back pain, right leg/lower extremity pain, right shoulder pain, and right hip pain. The treater has asked for ULTRAM 50MG #45 on 11/16/14. Patient has been taking Ultram since 6/19/14 report. The patient's medications (including Ultram) are working well per 6/19/14 report. For chronic opioids use, 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. In this case, the treater indicates a decrease in pain with current medications which include Ultram, stating "patient rates his pain with medications as 5 on scale of 1 to 10, and his pain without medications as 7 on a scale of 1 to 10" per 11/6/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.