

<b>Case Number:</b>	CM15-0000506		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 35-year-old male, who sustained an industrial injury on 03/15/2013. He has reported subsequent low back pain radiating to the lower extremity and was diagnosed with lumbar disc displacement, lumbosacral neuritis and joint derangement of the shoulder. Treatment to date has included oral and topical pain medication. On 06/06/2014 the injured worker was started on Tramadol 150 mg extended release and on 06/27/2014, the injured worker's Tramadol was decreased to 50 mg without an explanation as to why the change was being made. The medication was noted to provide moderate relief of pain but the functional limitations continued without a substantial change documented. In a progress note dated 11/21/2014, the injured worker complained of low back pain radiating to the right lower extremity along with numbness. Objective physical examination findings were notable for slow gait, weakness of the left ankle and tenderness of the paravertebral muscles of the lumbar spine. A request for authorization of a refill of Tramadol 50 mg was made. On 12/02/2014, Utilization Review modified a request for Ultram from 50 mg #30 to Ultram 50 mg #15, noting that there was an absence of information regarding analgesia, ability to perform activities of daily living with and without the medication, adverse side effects and a urine drug screen and that therefore the medication should be weaned. MTUS 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 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultram nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.