MAXIMUS Federal Services

| Case Number: | CM15-0002380 | | |
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| Date Assigned: | 01/13/2015 | Date of Injury: | 02/16/1993 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64 year old male with a date of injury as 02/16/1993. The current diagnoses include status post stroke in 06/2008, sciatica, and flare-up of lumbosacral degenerative disc disease and degenerative joint disease multiple levels with facet syndrome. Previous treatments include medications and epidural steroid injections. Primary treating physician's reports dated 01/15/2014 through 10/27/2014 were included in the documentation submitted for review. Report dated 10/27/2014 noted that the injured worker presented with complaints that included worsening back pain which is radiating to the bilateral legs with paresthesia. It was further noted that the medications were falling short. Current medication regimen included Ambien and Ultram. Physical examination revealed paraspinal spasm, trigger points sciatic, decreased range of motion, abnormal sensory exam, weakness in foot, reduced deep tendon reflexes, positive straight leg raise, and abnormal gait. The documentation submitted did not contain a recent evaluation of functional improvement or current pain level. Documentation submitted supports long term use of Ultram. The injured worker is not working. The utilization review performed on 12/23/2014 modified a prescription for Ultram based on no documentation to support improved pain and function. The reviewer referenced the California MTUS in making this decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ultram ER 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

**Decision rationale:** Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.