

<b>Case Number:</b>	CM15-0102054		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

### 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 62-year-old man sustained an industrial injury on 8/10/2011. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI dated 12/2011, cervical spine MRI dated 2/11/2013, right knee MRI dated 2/11/2013, right knee MRI dated 3/2012, right shoulder MR arthrogram dated 5/27/2014, left knee MRI dated 2/11/2013, and electromyogram of the bilateral upper and lower extremities dated 3/4/2013. Diagnoses include chronic low back pain, bilateral leg pain, neck pain, chronic right knee pain, right shoulder pain, dermatitis from knee brace, left knee pain, carpal tunnel syndrome, possible sacral radiculopathy, and chronic myofascial back pain. Treatment has included oral medications. Physician notes dated 4/21/2015 show complaints of low back and right upper extremity pain with muscle spasms. Recommendations include Norco, Ultram, Zanaflex, chiropractic therapy, urine drug screen, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 100 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Ultram 100 mg #90 is not medically necessary and appropriate.