

<b>Case Number:</b>	CM15-0105957		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 06/29/2013. She has reported subsequent low back pain with radiation to the lower extremities and was diagnosed with lumbosacral sprain/strain, muscle spasms and multilevel disc dessication and protrusions from L2-S1. Treatment to date has included oral pain medication and physical therapy. The injured worker was prescribed Tramadol since at least 11/11/2014. In a progress note dated 05/07/2015, the injured worker complained of low back pain that was rated as 8/10 with weakness, numbness and tingling to the bilateral lower extremities. Objective findings were notable for decreased range of motion of the lumbar spine, hypertonicity of the bilateral paraspinal musculature, positive bilateral straight leg raise, left greater than right at 60 degrees and decreased strength and sensation bilaterally over the anterior lateral aspects of the upper and lower extremities. The physician noted that Tramadol helped to decrease pain from 9/10 to 7/10. A request for authorization of Tramadol refill was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol 50mg) #120 1 tablet every 6 hours as needed: Upheld**

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

**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 (Tramadol 50mg) #120 1 tablet every 6 hours as needed is not medically necessary and appropriate.