

<b>Case Number:</b>	CM15-0141391		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 36 year old male, who sustained an industrial injury on May 1, 2013. He reported that while he was attempting to put a concrete block on a cart, the cart started rolling away when he felt a sudden sharp pain in his lower back. The injured worker was diagnosed as having lumbosacral strain, lumbar degenerative disc disease with facet arthropathy and effusion, lumbar radiculitis or radiculopathy, and backache, not otherwise specified. Treatments and evaluations to date have included x-rays, physical therapy, acupuncture, MRI, chiropractic treatments, and medication. The injured worker reports chronic progressive lower back pain with depression and poor quality of sleep. The Treating Physician's report dated June 25, 2015, noted the injured worker rated his pain with medications as a 5 on a scale of 1 to 10, and 8 on a scale of 1 to 10 without his medications. The injured worker's activity level was noted to have remained the same, with medications working well. The injured worker's current medications were listed as Celebrex, Neurontin, and Ultram. Physical examination was noted to show the lumbar spine with a loss of normal lordosis with restricted range of motion (ROM) and tenderness to palpation of the bilateral paravertebral muscles and positive bilateral lumbar facet loading. A MRI was noted to show an annular tear. The injured worker was noted to have required more medication over the previous month, allowing him to care for his 15 year old daughter and perform household tasks. The treatment plan was noted to include a re-request for a psychologist consultation and continued medications including Celebrex, Ultram, and Neurontin. The injured worker's work status was noted to be permanent and stationary.

## 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Ultram (Tramadol) is a centrally acting synthetic opioid analgesic not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Ultram since August 2014, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with use of the Ultram. The documentation did not include a pain assessment that included the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Ultram, how long it takes for pain relief, or how long the pain relief lasts. The injured worker reported some constipation with the use of the Ultram. The documentation provided did not include a urine drug screen (UDS). Based on the guidelines, the documentation provided did not support the medical necessity of the request for Ultram.