

<b>Case Number:</b>	CM15-0145011		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

The injured worker is a 50 year old male who sustained an industrial injury on 9-22-2011. He noted that he strained his back while lifting bags of gravel up a roof. He reports low back pain that radiates to the right lower extremity and has been diagnosed with lumbar radiculopathy, lumbar sprain, and right S1 radiculopathy. Treatment has included medications, modified work duty, and physical therapy. Examination of the lumbar spine revealed moderate pain across the lumbar spine with moderate spasm. Pain radiated to the right leg across the S1 distribution with positive straight leg raise to the right leg. Straight leg raise was positive on the right at 70 degrees. There was decreased range of motion and painful range of motion. The treatment request included a home exercise program, Ultram, and follow up. The treatment request included Ultram ER 200 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 200mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 113.

**Decision rationale:** The patient presents on 06/03/15 with lower back pain which radiates into the right lower extremity, rated 6/10 with medications, 8/10 without. The patient's date of injury is 09/22/11. Patient is status post lumbar ESI at L5-S1 level on 10/14/13. The request is for ULTRAM ER 200MG #30. The RFA was not provided. Physical examination dated 06/03/15 reveals moderate pain to palpation across the lumbar spine with spasms noted, positive straight leg raise test on the right side with pain radiating into the right lower extremity along the S1 dermatomal distribution. The patient is currently prescribed Ultram, Motrin, and Prilosec. Diagnostic imaging included lumbar MRI dated 09/21/13, significant findings include: "Anterior and lateral osteophyte complex noted L3-4 and L4-5 levels. Exiting nerve roots are unremarkable at lumbar spine levels." Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the continuation of Ultram for this patient's chronic lower back pain, the treating physician has not provided adequate documentation to substantiate further use. It is indicated that this patient does receive some analgesia through the use of Ultram, reducing his pain from 8/10 to 6/10. Addressing functional improvements, progress note dated 06/03/15 is vague, stating: "He is able to perform his daily functions." The provider does note that this patient's most recent UDS, dated 03/05/15 was consistent with prescribed medications, though does not specifically state a lack of aberrant behavior. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, no specific functional improvements are provided, and there is no stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.