

<b>Case Number:</b>	CM15-0161142		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 26 year old male who sustained an industrial injury on 2-1-13. The injured worker was diagnosed as having thoracic strain. Currently, the injured worker reported back discomfort. Previous treatments included transcutaneous electrical nerve stimulation unit, oral pain medication, home exercise program, trigger point injections, stretching, heat and rest. Of note, provider documentation in the 7-21-15 PR2 noted the recent trigger point injections decreased the upper back pain by 80-90% for 3 weeks, additionally noting the injured worker was able to perform his usual activities with less pain. Previous diagnostic studies were not included. Work status was noted as returning to modified work 7-21-15. The injured workers pain level was noted as 6 out of 10. Physical examination was notable for trigger point palpated at the right rhomboid with radiation to the shoulder and neck, sensation intact. The plan of care was for Ultram 50 milligrams quantity of 45, 2 times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty 45, 2 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

**Decision rationale:** The patient presents with thoracic back pain occasionally radiating to bilateral arms and legs, and low back pain radiating to entire body. The request is for Ultram 50 MG QTY 45, 2 times daily. The request for authorization is not provided. Physical examination reveals trigger point palpated along the right rhomboid with radiation to the shoulder and neck. The trigger point injections decreased his upper back pain by 80-90% for 3 weeks. Home exercise and stretching, home program reviewed, added rhomboid stretching and strengthening, recommend swimming. Functionally, he was able to do his usual activities with less pain. Patient's medications include Ultram, Anaprox, Norco, and Nortriptyline. Per progress report dated 07/21/15, the patient is returned to modified work. MTUS, Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states, "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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) 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. Treater does not specifically discuss this medication. Patient has been prescribed Ultram since at least 05/14/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding side effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.